

Milwaukee County New Pathways for Families and Fathers Project  
Milwaukee Fatherhood Initiative

PURCHASE OF SERVICE CONTRACT

AMENDMENT NO 1

This AMENDMENT 1, dated October 26, 2020, to the PROFESSIONAL SERVICE CONTRACT executed December 17, 2015 (the "Agreement"), and is between Milwaukee County, a Wisconsin municipal body corporate, represented by Jim Sullivan, Director, (the "County") and Milwaukee Fatherhood Initiative, and organization with its principle place of business at 5003 W Lisbon Avenue, Milwaukee, WI 53210 (the "Contractor"), combined to be considered the Parties to this Agreement (Parties").

RECITALS

It is agreed to, by and between the Parties, that the Contractor's activities shall include, but not be limited to, all provisions contained in the original contract effective September 30, 2020, except:

1. Section I, Contractor's Authorized Representatives, is modified to reflect Darryl Davidson as current Director of Milwaukee Fatherhood Initiative (MFI).
2. Section II, Introduction, Dates of Performance, is modified to extend the effective dates of the contract for an additional grant year as follows: Services beginning September 30, 2020 and ending September 29, 2021.
3. Section III, Scope of Services is modified to state Milwaukee County Department of Child Support Services (CSS) will oversee the remaining total project budget of \$274,662 over the course of the twelve month extension.
4. Section III, Scope of Services is modified to MFI agrees to deliver an integrated responsible fatherhood program (IRFP) to 175 fathers over the course of the one year no cost extension of the Milwaukee County New Pathways for Families and Fathers grant. MFI will serve two groups of fathers at the House of Correction (HOC) in Spring 2021 for a total of 50 fathers and the remaining 125 fathers will be recruited from the general community.
5. Section IV, Compensation, Contractor shall deliver services to 175 fathers as described in #4 above with compensation up to \$145,150 in grant funds.
6. Section XII, Reports, Audit, And Inspection of Records, the first two paragraphs are modified as follows: The Contractor, Lessee, or other party to the Agreement, its officers, directors, agents, partners and employees shall allow the County Audit Services Division and department contract administrators (collectively referred to as "**Designated Personnel**") and any other party the Designated Personnel may name, with or without notice, to audit, examine and make copies of any and all records of the Contractor, Lessee, or other party to the Agreement, related to the terms and performance of the Agreement for a period of up to three years following the date of last payment, the end date of this Agreement, or activity under this Agreement, whichever is later. Any subcontractors or other parties performing work on this Agreement will be bound by the same terms and responsibilities as the Contractor. All subcontracts or other agreements for work performed on this Agreement will include written notice that the subcontractors or other parties understand and will comply with the terms and responsibilities. The Contractor, Lessee, or other party to the Agreement, and any subcontractors understand and will abide by the requirements of Section 34.09 (Audit) and Section 34.095 (Investigations Concerning Fraud, Waste, and Abuse) of the Milwaukee County Code of Ordinances ("**MCCO**").

Milwaukee County New Pathways for Families and Fathers Project  
Milwaukee Fatherhood Initiative

7. Section XXI, Insurance is modified as follows:

Every contractor and all parties furnishing services or product to the County or any of its subsidiary companies must provide the County with evidence of the following minimum insurance requirements. In no way do these minimum requirements limit the liability assumed elsewhere in the Agreement. All parties shall, at their sole expense, maintain the following insurance:

**a. Commercial General Liability Insurance including contractual coverage:**

The limits of this insurance for bodily injury and property damage combined shall be at least:

Each Occurrence Limit	\$1,000,000
General Aggregate Limit	\$2,000,000
Products-Completed Operations Limit	\$2,000,000
Personal and Advertising injury Limit	\$1,000,000

**b. Business Automobile Liability Insurance:**

Should the performance of this Agreement involve the use of automobiles, Contractor shall provide comprehensive automobile insurance covering the ownership, operation and maintenance of all owned, non-owned and hired motor vehicles. Contractor shall maintain limits of at least \$1,000,000 per accident for bodily injury and property damage combined.

**c. Workers' Compensation Insurance:**

Such insurance shall provide coverage in amounts not less than the statutory requirements in the state where the work is performed, even if such coverages are elective in that state.

**d. Employers Liability Insurance:**

Such insurance shall provide limits of not less than \$500,000 policy limit.

**e. Professional Liability/Errors and Omissions:**

This insurance shall insure the professional services of the Contractor for the scope of services to be provided under this Agreement. Such insurance shall provide limits of not less than \$1,000,000 per occurrence.

**f. Excess/Umbrella Liability Insurance:**

Such insurance shall provide additional limits of not less than \$5,000,000 per occurrence in excess of the limits stated in (a), (b), and (d) above.

**g. Additional Requirements:**

- i. Contractor shall require the same minimum insurance requirements, as listed above, of all its contractors, and subcontractors, and these contractors, subcontractors shall also comply with the additional requirements listed below.
- ii. The insurance specified in (a), (b) and (e) above shall: (a) name Milwaukee County, including its directors, officers, employees and agents as additional insureds by endorsement to the policies, and, (b) provide that such insurance is primary coverage with respect to all insureds and additional insureds.

Milwaukee County New Pathways for Families and Fathers Project  
Milwaukee Fatherhood Initiative

- iii. The above insurance coverages may be obtained through any combination of primary and excess or umbrella liability insurance. The County may require higher limits or other types of insurance coverage(s) as necessary and appropriate under the applicable purchase order.
- iv. Except where prohibited by law, all insurance policies shall contain provisions that the insurance companies waive the rights of recovery or subrogation, by endorsement to the insurance policies, against Milwaukee County, its subsidiaries, its agents, servants, invitees, employees, co-lessees, co-venturers, affiliated companies, contractors, subcontractors, and their insurers.
- v. Contractor shall provide certificates evidencing the coverages, limits and provisions specified above on or before the execution of the Agreement and thereafter upon the renewal of any of the policies. Contractor shall require all insurers to provide Milwaukee County with a thirty (30) day advanced written notice of any cancellation, nonrenewal or material change in any of the policies maintained in accordance with this Agreement. Coverage must be placed with carriers with an A. M. Best rating of A- or better.

**Mail to:**

Milwaukee County Risk Management  
633 Wisconsin Ave. Ste. 750  
Milwaukee, WI 53203

- 8. Exhibit A, section Full Implementation Partners, is modified to reflect MFI is the only full implementation partner and agrees to deliver an IRFP to 175 fathers over the course of the one year no cost extension of which 50 will be incarcerated fathers returning to Milwaukee upon release, and the remaining 125 fathers will be recruited from the community. These services will be provided with \$145,150 in grant funds.
- 9. Budget Detail Exhibit B is replaced with Amended Budget Detail Exhibit B.
- 10. In December 2019, a novel strain of coronavirus emerged called COVID-19. The World Health Organization declared the spread of the virus a “pandemic” on March 11, 2020, leading to the United States Department of Health and Human Services to declare a national Public Health Emergency.
- 11. On March 12, 2020, Governor Tony Evers declared a Public Health Emergency for the state of Wisconsin, in order to initiate numerous levels of government response to prevent and respond to the spread of COVID-19 in the state. On March 13, 2020, County Executive Chris Abele proclaimed a local Public Health Emergency
- 12. On March 25, 2020, the Governor and the Wisconsin Department of Health Services (DHS) issued the Safer at Home Order, requiring all non-essential businesses and operations to cease.
- 13. The County wishes to amend the Agreement to modify the terms to require Contractor to comply with any federal, state, and local orders or laws regarding the pandemic, as well as follow all agency, specifically the United States Center for Disease Control and Prevention (CDC), guidelines for responding to, and stopping, the spread of COVID-19 through a “Pandemic Preparedness Plan.”

Milwaukee County New Pathways for Families and Fathers Project  
Milwaukee Fatherhood Initiative

14. Contractor is responsible for compliance with all state, federal, and local orders, including Milwaukee County Administrative Orders, and all regulations and laws regarding the COVID-19 pandemic. Further, Contractor will follow all relevant agency guidance, specifically issued by the CDC, including, but not limited to, social distancing, hygiene, sanitation of work spaces, providing proper personal protective equipment to staff, proper staff screening methods and education of staff.
15. If determined applicable by the County, Contractor should have a written Pandemic Preparedness Plan that complies with all applicable laws, regulations, orders, and agency guidelines regarding COVID-19 and, at a minimum, meets the requirements in the Milwaukee County COVID-19 Response Preparedness Plan Checklist, attached to this Amendment as Exhibit 1.

All other provisions of the Milwaukee County New Pathways for Families and Fathers (MNPFF) Project Services Contract, and its attachments, effective September 30, 2015, as originally entered into and incorporated by reference, shall remain in effect as stated.

IN WITNESS WHEREOF, the parties hereto have executed the Amendment to the Contract for the dates listed above.

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK.

WHEREOF, the parties hereto have executed this agreement on the day, month, and year above written:

**FOR MILWAUKEE COUNTY:**

**FOR** \_\_\_\_\_

BY: Jim Sullivan DATE: 10/29/2020

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: Jim Sullivan

NAME: \_\_\_\_\_

TITLE: Director - Child Support Services

TITLE: \_\_\_\_\_

DEPARTMENT: Child Support Services

TAXPAYER ID No.: \_\_\_\_\_

**REVIEWED AS TO INSURANCE  
REQUIREMENTS:**

**APPROVED WITH REGARDS TO COUNTY  
ORDINANCE CHAPTER 42:**

BY: Megan Rogers DATE: 11/10/2020  
**Risk Manager**  
Office of Risk Management

BY: Lamont Robinson DATE: 10/30/2020  
**Director**  
Community Business Development Partners

**APPROVED AS TO FUNDS AVAILABLE  
PER WISCONSIN STATUTES §59.255(2)(e):**

**APPROVED REGARDING FORM AND  
INDEPENDENT CONTRACTOR STATUS:**

BY: [Signature] DATE: 10/30/2020  
**Milwaukee County Comptroller**  
Office of the Comptroller

BY: David Farwell DATE: 11/4/2020  
**Corporation Counsel**  
Office of Corporation Counsel

**REVIEWED AND APPROVED BY THE COUNTY  
EXECUTIVE:**

**APPROVED AS COMPLIANT UNDER  
§59.42(2)(b)5, STATS.:**

BY: [Signature] DATE: 11/11/2020  
**David Crowley, County Executive**  
Office of the County Executive

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
**Corporation Counsel**  
Office of Corporation Counsel

**REVIEWED AND APPROVED FOR COMPLIANCE  
WITH COVID-19 PUBLIC HEALTH EMERGENCY  
FISCAL ACTIONS ADMINISTRATIVE ORDER 20-9**

BY: JOSEPH LAMERS DATE: 10/29/2020  
**Director of Performance, Strategy & Budget**  
Department of Administrative Services

## Milwaukee County Department of Child Support Services New Pathways for Families and Fathers Budget Detail with Narrative Description

## AMENDED Exhibit B

Budget details - the resources required to deliver Integrated Responsible Fatherhood Program (IRFP) for 12 month No Cost Extension		
<i>All personnel positions are 12-month unless otherwise noted</i>		
Line Item	Description	Year 5
<b>PERSONNEL</b>	Please provide a resume for each key staff assigned to the project.	
Auth Org. Rep Jim Sullivan -	.06 FTE x \$131,254 - Auth. Org. Rep. (AOR) provides executive leadership, direction, oversight of project.	7,875
Project Director - Sandra Stevens	.10 FTE x \$83,584 - Point of Contact (POC) Responsible for day-to-day management including contract development & compliance	8,358
Proj. Fiscal Dir. - Agnes Marcinowski	.15 FTE x \$86,914 : Fiscal oversight of project. Compliance with grant fiscal requirements/reporting.	13,037
Fiscal Coordinator - J. Ritzow	.20 FTE x \$60,797 : Assist Project Fiscal Dir with coordination of accounts payable & statistical data for partners.	12,159
	<b>Personnel Total</b>	<b>41,431</b>
<b>FRINGE BENEFITS</b>		
Fringe benefits	40.61% of salaries (7.65% FICA, 20.46% Health, 12.5% Pension)	16,825
	<b>Fringe Benefits Total</b>	<b>16,825</b>
<b>PART-TIME EMPLOYEES (No Fringe)</b>		
Outreach & CM Supervisor- J. Richardson	.5 FTE @ \$46.36/hr @ estimated 1040 hours annually and will be responsible for implementation of grant activities required to meet the grant objectives and comply with grant requirements, approve community marketing materials, develop program reports and assist with budget compliance (budget compliance duties will be shared with the Project Fiscal Director)	48,214
	<b>Total</b>	<b>48,214</b>
<b>OTHER</b>		
Phone	land line phone and cell phone for .51 FTE x \$400	204
Marketing	Radio advertising \$1,239 and 12 wks for bus tails & shelter \$21,600.	22,839
Other Total		<b>23,043</b>
	<b>Total Direct Costs</b>	<b>129,512</b>
	<b>CSS - TOTAL EXTENSION COST</b>	<b>129,512</b>
	<b><u>MFI</u></b>	
<b>PERSONNEL</b>		

## Milwaukee County Department of Child Support Services New Pathways for Families and Fathers Budget Detail with Narrative Description

Project Coord/Ed/CM Natasha Dotson, .6 FTE (12) Mos. \$47,261	Responsible for day-to-day leadership, coordination and supervision of the New Pathways to Responsible Fathers and Families program, including developing and implementing program policies and precedures, organizing staff trainings and coaching sessions. This position conducts staff observations and works closely with AMTC and CSS to implement the performance measurement system. Responsible for all staff training related to the nFORM system, including data entry tasks as needed. Responsible for daily oversight of all program staff to assure they are in compliance with the Pathways grant requirements. Attends all administrative meetings, and the required CSS and AMTC sponsored trainings. Responsible for completing and submitting all required montly reports and invoices to CSS. Orders program materials for project staff. Also assumes a 3% increase for 2021.	28,357
Project Coord/Ed/CM, To be hired, .6 FTE (12) Mos. \$42,000	Provides Integrated Responsible Fatherhood Program (IRFP) including Responsible Parenting, Healthy Relationship, and Economic Stability curricula, as well as case management and coaching to assist fathers in attaining goals from their Pathways case plan. Attends all AMTC and CSS sponsored training programs. Assists the case manager with OWRA work readiness assessments and referrals as appropriate to Pathways support services providers.	25,200
Temp --Office Coordinator, Angel Young 1 FTE (12) Mos. \$39,208	Coordinates administrative functions for the program. Assists program staff with preparation for class room facilitation; prepares and maintain all client intake folders, assuring that the facilitators have adequate supplies to facilitate classroom sessions. Assures that the tablets and headphones used for intake are sanitized and securely stored. Assists with nFORM and OWRA data entry.	39,208
	<b>Personnel Total</b>	<b>92,765</b>
<b>FRINGE BENEFITS</b>		
Fringe benefits	38% of personnel listed above. Rate includes 21% for health, 7% for FICA, 1% for UC, 9% for pension or profit sharing.	20,352
	<b>Fringe Benefits Total</b>	<b>20,352</b>
<b>SUPPLIES</b>		
Curriculum Materials	<i>Within My Reach</i> participant workbooks for 125 participants at \$10 each.	1,250
Curriculum Materials	<i>Nurturing Fathers Program</i> Journals manuals for 25 participants at \$15 each.	375
Other supplies	Miscellaneous program supplies	276
	<b>Supplies Total</b>	<b>1,901</b>
<b>OTHER</b>		
Class refreshments	Snacks for trainings at WCS (\$18/class x 28 days x 3) less \$30 rounding	1,482

## Milwaukee County Department of Child Support Services New Pathways for Families and Fathers Budget Detail with Narrative Description

Class refreshments	Refreshments for graduation ceremony at HOC (\$500 per class x 8 classes)	4,000
Incentives	Additional gift cards for 12-month extension (93 cards x \$50)	4,650
<b>Other Total</b>		<b>10,132</b>
<b>CONTRACTUAL</b>		
Group Facilitator	Provide education component (Nurturing Fathers and Within My Reach) to community fathers, as well as case management and coaching to assist fathers in attaining goals from their Pathways case plan. Attends all CSS sponsored training programs. Assists the case manager with OWRA work readiness assessments and referrals as appropriate to Pathways support services providers. Each facilitator will do at least 3 classes and will be paid \$1500 per group trained (\$1500 x 4 x 2 facilitators)	\$12,000
Drivers License	WCS to provide driver's license recovery and employment services.	\$8,000
<b>Contractual Total</b>		<b>20,000</b>
<b>Total Direct Costs</b>		<b>145,150</b>
<b>MFI - TOTAL EXTENSION COST</b>		<b>145,150</b>
<b>TOTAL EXTENSION COST</b>		<b>274,662</b>

## COVID-19 RESPONSE PREPAREDNESS PLAN CHECKLIST

**By implementing a COVID-19 Response Preparedness Plan, an “essential” vendor, company or contractor pledges to dedicating resources immediately to identify and mitigate situations in the workplace or jobsite which may introduce, expose or spread COVID-19.**

**Each contractor’s written plan, unique to the operations under its control, will document the identification and mitigation measures taken, which may include engineering controls, administrative controls, safe work practices, and minimum Personal Protective Equipment (PPE) requirements, and will update that plan on a regular basis for the duration of the COVID-19 Situation.**

**Each Contractor’s Preparedness Plan must meet the following Minimum Requirements:**

- 1) Provide the name and contact number of a designated Preparedness Plan Monitor for each County contract.
- 2) A plan to complete a Daily Employee Screening Form, or otherwise complete proper screening verifying daily that every employee has not:
  - a) Traveled to a Level 2 or 3 Country in the past 14 days, or visited an area that requires self-quarantine because of COVID-19 infection,
  - b) Had close contact (within 6 feet) with anyone known or suspected to have COVID-19,
  - c) Exhibited any symptoms (chest or back pain, cough, difficulty breathing) of COVID-19 or had a fever greater than 100.4 in the past 14 days.
- 3) A plan for Social Distancing. Complete a workflow audit that removes instances of employees being within 6 feet of each other. This should include the following, where applicable to the contract:
  - a) Reduction of on-site work hours to minimum needed to sustain operations.
  - b) Staggered shifts and work hours to minimize on-site human presence at a given time.
  - c) Staggered use of all shared spaces, including bathrooms, breakrooms and lunchrooms.
  - d) Staggered facility entry and exit procedures.
  - e) Ban in-person meetings (internal or external) and employee gathering (formal or informal) of any size. Employee communication handled virtually wherever possible.
  - f) Mandatory work at home for all employees except the absolute minimum required for baseline production and logistics functions.
  - g) Prohibit visitors and limit deliveries to the facility or jobsite, except those that support production activities or emergency building maintenance.
- 4) Educate employees on key CDC recommendations. Plan must include:
  - a) How employees can protect themselves.

- (i) Frequent hand washing (at least 20 seconds with soap and water or use of sanitizer greater than 60% alcohol content),
    - (ii) Avoid touching face,
    - (iii) Coughing or sneezing into a tissue and discarding it immediately in garbage,
    - (iv) Avoid shaking hands,
    - (v) Do not use other employee's phones, tools, PPE, etc.
  - b) What employees should do if they feel sick.
    - (i) Stay home
    - (ii) Require notification to employee's supervisor
- 5) A plan that provides appropriate PPE and Sanitation Products, as applicable to contract and as recommended by OSHA or CDC. For example, soap, sanitizer with over 60% alcohol, EPA approved disinfectant for COVID-19, gloves, gowns, eye protection, masks or respirators.
- 6) A plan for Sanitation Procedures, if applicable to contract. These processes must be implemented throughout facility or jobsite:
- a) Blue tape marking of surfaces that receive frequent human contact in the jobsite; disinfection of these surfaces multiple times daily.
  - b) Disinfect all tools, equipment, and vehicles frequently.
  - c) Designate one bathroom, allowing only one person to enter at a time. Disinfect hard surfaces in the bathroom that are frequently touched throughout the day. Disinfect multiple times a day, but must be sanitized at the end of the day. Empty garbage in the designated bathroom at the end of the day.
  - d) Avoid cleaning techniques that may result in generation of bio-aerosols, such as pressurized air or water sprays.
- 7) A plan for when an employee reports symptoms associated with COVID-19, including:
- a) Requiring employees to immediately report any symptoms of COVID-19,
  - b) Quarantine employees exhibiting symptoms on site,
  - c) Notifying proper County contact person.

## COVID – 19 Virus Daily Screening Form

Today's Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contractor: \_\_\_\_\_

***Employers should ask the following questions to all employees, visitors and vendors prior to allowing access to the workplace and/or jobsite. THE QUESTIONS SHOULD BE ASKED IN PRIVATE & ANSWERS KEPT CONFIDENTIAL.***

1. Have you traveled to a county or area that has a travel warning of level 2 or 3 as listed by the CDC in the past 14 days? [CDC Travel Warnings](#)

Yes \_\_\_\_ No \_\_\_\_

If so, where have you traveled? \_\_\_\_\_

What was your date of return? \_\_\_\_\_

2. Have you, or anyone in your family, come into close contact (within 6 feet) with someone who has a suspected or confirmed COVID – 19 diagnosis in the past 14 days either at home or on a jobsite, etc.?

Yes \_\_\_\_ No \_\_\_\_

3. Have you had a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 14 days?

Yes \_\_\_\_ No \_\_\_\_

4. Are you currently experiencing a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?

Yes \_\_\_\_ No \_\_\_\_

***\*NOTE: If an employee, visitor or vendor answers 'Yes' to any of the above questions, ask them to leave the workplace or jobsite immediately and seek medical evaluation.***

### Sign In:

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Sign Out:

Has your health status changes during your work shift?

Yes \_\_\_\_ No \_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Policy Change No. 01-096-01-2020-37**

**Change Endorsement**

Amending Transfer of Rights of Recovery Against Others to Us

Named Insured: Housing Authority of the City of Milwaukee  
Policy Number: HARRG-28-205748-2020  
Policy Effective Date: 09/01/2020 - 09/01/2021  
Issue Date: 08/31/2020  
Premium: \$0

Effective From: 09/01/2020 at the time of day the policy becomes effective.

Commercial Liability

**The Insurance is Amended as follows:**

This Endorsement modifies insurance provided under the following Coverage Section(s):

Bodily Injury and Property Damage Liability – Coverage Section A  
Personal and Advertising Injury Liability – Coverage Section B

Schedule:

Name of Person or Organization: New Pathways to Fatherhood Grant

Milwaukee County Department of Child Support Services - 901 N 9th Street, Room 101  
Milwaukee, WI. 53233

The Transfer of Rights of Recovery Against Others to Us condition, Section II, Paragraph F.8., is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule herein because of payments we make for injury or damage arising directly or indirectly out of your ongoing operations or your work done under a contract with that person or organization and included in the products-completed operations hazard. This waiver applies only to the person or organization shown in the Schedule herein.

All other terms and conditions contained in the policy remain in full force and effect.

Description: Provide waiver of transfer of rights for designated person or organization



**Policy Change No. 01-096-02-2020-38**

**Change Endorsement**

Amending Transfer of Rights of Recovery Against Others to Us

Named Insured: Housing Authority of the City of Milwaukee  
Policy Number: HARRG-28-205748-2020  
Policy Effective Date: 09/01/2020 - 09/01/2021  
Issue Date: 08/31/2020  
Premium: \$0

Effective From: 09/01/2020 at the time of day the policy becomes effective.

Commercial Liability

**The Insurance is Amended as follows:**

This Endorsement modifies insurance provided under the following Coverage Section(s):

Bodily Injury and Property Damage Liability – Coverage Section A  
Personal and Advertising Injury Liability – Coverage Section B

Schedule:

Name of Person or Organization: New Pathways to Fatherhood Grant

Milwaukee County Department of Child Support Services - 901 N. 9th Street, Room 101  
Milwaukee, WI 53233

The Transfer of Rights of Recovery Against Others to Us condition, Section II, Paragraph F.8., is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule herein because of payments we make for injury or damage arising directly or indirectly out of your ongoing operations or your work done under a contract with that person or organization and included in the products-completed operations hazard. This waiver applies only to the person or organization shown in the Schedule herein.

All other terms and conditions contained in the policy remain in full force and effect.

Description: Provide waiver of transfer of rights for designated person or organization



189 Commerce Court  
PO Box 189  
Cheshire, CT 06410-0389

203-272-8220 ext 810-873-0242  
fax 203-271-2263  
www.housingcenter.com

## CERTIFICATE OF INSURANCE

ID: 28, Endorsement: 01-096-02-2020-38

Issue Date: 08/31/2020

Insured: Housing Authority of the City of Milwaukee

Address: 809 North Broadway  
P.O. Box 324  
Milwaukee, WI 53202-3202

### Coverages

Type of Insurance	Policy Number	Limits
Commercial Liability	HARRG-28-205748-2020	<b>General Aggregate:</b> \$ 5,000,000
[X] Coverage <b>A</b> : Bodily Injury and Property Damage Liability:	<b>Effective Date:</b> 09/01/2020 12:01 AM	<b>Per Occurrence:</b> \$ 5,000,000
<u>Occurrence</u>		<b>Personal and Adv Inj:</b> \$ 5,000,000
[X] Coverage <b>B</b> : Personal and Advertising Injury Liability:	<b>Expiration Date:</b> 09/01/2021 12:01 AM	<b>Fire Damage Sub-Limit:</b> \$ 50,000
<u>Occurrence</u>		<b>Athletic Sport Sub-Limit</b>
[X] Coverage <b>E</b> : Mold, Other Fungi or Bacteria Liability:		<b>Per Occurrence:</b> \$ 250,000
<u>Claims Made</u>		<b>Aggregate:</b> \$ 250,000
Retro Date: 9/1/03		<b>Mold, Other Fungi or Bacteria:</b> \$ 100,000

**Description:** Provide waiver of transfer of rights for designated person or organization

**Certificate** Milwaukee County Department of Child Support Services

**Holder:** 901 N 9th Street, Room 101  
Milwaukee, WI 53233

**Company:** Housing Authority Risk Retention Group, Inc.

THIS IS TO CERTIFY THAT THE POLICIES LISTED ABOVE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY CLAIMS PAID. THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ABOVE.

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 90 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligations or liability of any kind upon the company, its agents, or representatives.

Signature of Authorized Representative

<b>CONTRACT FORM</b> 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)											
<b>Mail to:</b> Preliminary: Office of the Comptroller, Courthouse Room 301 Final: Accounts Payable, Courthouse Room 301 <u>and</u> Community Business Development Partners, City Campus - 8th Floor  Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus								<b>CONTRACT TYPE</b>			
								Professional Service - Operating			
								Professional Service - Capital			
								Purchase of Service			
								Preliminary      X      Final			
DEPARTMENT NAME								AGENCY NO.		DEPARTMENT (HIGH) ORG	
Child Support Services								243		2430	
<b>VENDOR INFORMATION</b>											
VENDOR NO.				ORDER TYPE		NEW or		AMEND		CONTRACT NO.	
94002								X			
NAME OF VENDOR						ADDRESS					
Milwaukee Fatherhood Initiative, Division of Housing						809 N Broadway					
Authority of the City of Milwaukee - MFI						PO Box 324					
						Milwaukee, WI 53201-3201					
TAX I.D. NO.		EFFECTIVE DATES:		LENGTH OF CONTRACT		AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT			
		begin date      end date		(IN MONTHS)		CHANGE		AMOUNT			
		09/30/20      09/29/21		60 months plus 12 month extension				\$ 511,095.53			
<b>ACCOUNTING INFORMATION</b>											
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2016-2018	01	0001	243	2442			6149				\$ <del>195,518.34</del>
2019	02	0001	243	2442			6149				\$ <del>107,952.19</del>
2020	03	0001	243	2442			6149				\$ <del>62,475.00</del>
2020	04	0001	243	2442			6149				\$ 36,287.50
2021	07	0001	243	2442			6149				\$ 108,862.50
<b>PURPOSE OF CONTRACT</b>											
New Pathways for Fathers and Families grant will provide vital job training, educations, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support. Child Support Services was awarded a twelve month no cost extention of the New Pathways for Fathers and Families grant. MFI will be delivering an integrated responsible fatherhood program to 175 fathers over the course of the one year no cost exentsion of the New Pathways for Fathers and Families grant using remaining grant funds. These funds will come from the various vendors that did not spend down their allotted amount from year 5 of the original grant.											
Was County Board approval received prior to contract execution or contract amendment or extension?											
<div><input type="text"/> If YES, give County Board File No. <u>pending 20-</u> Date Approved <u>anticipated 12/17/2020</u></div> <div><input type="text"/> If NO, why is County Board approval not required? _____</div>											
Was Contract <b>fully</b> executed prior to work being performed (all signatures received)? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Is Vendor a certified professional service DBE? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Prepared By				Date		Title					
Signature of County Administrator				Date		Title					

**MILWAUKEE COUNTY NEW PATHWAYS FOR FAMILIES AND FATHERS**  
**(MNPFF) PROJECT SERVICES CONTRACT**

**For the project period September 30, 2015 through September 29, 2020**

**I. PREAMBLE**

WHEREAS, this Contract constitutes a binding agreement between the Milwaukee County Department of Child Support Services (CSS), (hereinafter “County”), a Wisconsin Municipal Body Corporation, represented by Jim Sullivan, Director, and the following cooperating, key grant partners listed below (hereinafter “Contractor” or “Contractors”) to provide services and achieve objectives contingent on the annual renewal of The Office of Family Assistance Award No. 90FK0093-01-00, (hereinafter “award” or “grant”) a discretionary grant by the United States Department of Health and Human Services Administration for Children and Families (ACF).

**Contractors’ Authorized Representatives:**

- A) Sharon Robinson, Director, City of Milwaukee Department of Administration, Milwaukee Fatherhood Initiative, 200 East Wells Street, Room 606, Milwaukee, WI 53202
- B) Lupe Martinez, President and CEO, United Migrant Opportunity Services (UMOS), 2701 South Chase Avenue, Milwaukee, WI 53207
- C) Andi Elliot, President and CEO, Community Advocates, Inc. (CA), 728 North James Lovell Street, Milwaukee, WI 53233
- D) Terri Strodthoff, Executive Director, The Alma Center, 2821 North 4<sup>th</sup> Street, Milwaukee, WI 53212
- E) Albert Holmes, President, My Father’s House, Inc. (MFH), 4900 West Fond du Lac Avenue, Milwaukee, WI 53216
- F) Angela Turner, President and CEO, AMTC and Associates, 4759 North Cumberland Boulevard, Whitefish Bay, WI 53211
- G) Carl Wesley, President and CEO, Center for Self-Sufficiency (CFSS), 4465 North Oakland Avenue, Suite 200, Milwaukee, WI 53211
- H) Angela Robbins, Executive Director, Compel Milwaukee, 7161 North Port Washington Road, Suite 1A, Milwaukee, WI 53217
- I) Carol Keintz, Executive Director, Next Door Foundation (NDF), 2545 North 29<sup>th</sup> Street, Milwaukee, WI 53210
- J) Mark Kessenich, President and CEO, Wisconsin Regional Training Partnership, 3841 West Wisconsin Avenue, Milwaukee, WI 53208
- K) McArthur Weddle, President and CEO, Northcott Neighborhood House, 2460 North 6<sup>th</sup> Street, Milwaukee, WI 53212
- L) Holly Patzer, Executive Director, Wisconsin Community Services, Inc. (WCS) 3732 West Wisconsin Avenue, Suite 200, Milwaukee, WI 53208
- M) Heather Ramirez, Executive Director, Centro Legal, 614 West National Avenue, Floor 2, Milwaukee, WI 53204
- (N) Earl Buford, President and CEO, Milwaukee Area Workforce Investment Board, 2338 North 27<sup>th</sup> Street, Milwaukee, WI 53210
- (O) George P. Hinton, CEO, Social Development Commission, 4041 North Richards Street, Milwaukee, WI 53212

(P) Ronald Fleischmann, Associate Director of Pre-Award Services, Office of Sponsored Programs, Office of Research, University of Wisconsin-Milwaukee, Mitchell Hall 273, 3203 North Downer Avenue, Milwaukee, WI 53211-3153

## II. INTRODUCTION

The Milwaukee County Department of Child Support Services (CSS) received a grant from the federal office of the Administration of Children and Families (ACF) to fund the Milwaukee New Pathways for Families and Fathers (hereinafter “MNPFF”) project for five (5) federal fiscal years, between 2015-2020. The goal of the project is to develop and implement a comprehensive approach to promoting responsible fatherhood to foster economic stability, responsible parenting, and healthy marriage.

CSS is taking the lead on behalf of an established network of experienced organizations located within the community of the MNPFF target population, to promote responsible fatherhood in the City and County of Milwaukee. This multifaceted strategy includes services designed to strengthen positive father-child engagement, improve employment and economic mobility opportunities, foster responsible parenting, and improve couple, co-parenting, marriage, and relationship skills. This Contract contains the level of involvement, responsibilities, resource commitment, and agreements amongst CSS and each individual organization as Contractors separate from each other and CSS, yet working in harmony to provide services and achieve the objectives intended by this project. All parties to this agreement commit to using grant and leveraged resources to help parents (particularly low-income fathers between the ages of 16-24) residing in Milwaukee County and meeting all ACF eligibility criteria. All sections of this Contract apply to each individual Contractor unless specified within individual subsections.

This Contract is for the MNPFF project’s five budget periods between September 30, 2015 and September 29, 2020, (hereinafter a 12-month budget period is referred to as a “grant year”) subject to further extension beyond this period, and contingent on the renewal of the award to the County.

## III. SCOPE OF SERVICES

CSS will serve as the applicant, administrative agency and fiscal agent for the MNPFF project. CSS will oversee the project-wide objective of serving 4,062 low-income fathers over the course of the 5-year grant. CSS will oversee the implementation of all activities, outputs, objectives and outcomes. In addition to providing project oversight, CSS will deliver a range of child support services to noncustodial fathers enrolled in MNPFF. CSS will oversee a total project budget of \$2,000,000 annually (\$10,000,000 over the course of the 5-year grant,) and will provide project administration.

CSS and all Contractors commit to adhere to all grant award No. 90FK0093-01-00 requirements. All Contractors commit to providing these services over the 5-year term of this grant. Contractors ensure that participation by participants is voluntary, and participants will be informed that the program is voluntary verbally and in writing as part of the enrollment process.

Contractors commit not to use grant funds for any purposes other than the activities specified in the authorizing legislation described in the grant award notice. Contractors commit not to use grant funds for any unallowable activity including but not limited to an abstinence education program. Contractors shall not provide services to participants on a fee-for-service basis and shall not use grant award funds to subsidize housing, provide housing vouchers, or rental assistance. Contractors commit to document, store, and report on MNPPF project performance using the full set of uniform measures to be provided by ACF, and will conduct a local evaluation as described in the CSS application for the grant award submitted in 2015. Contractors will accept and fully participate in all aspects of the federal evaluation if selected, and adhere to all evaluation protocols established by ACF and conducted by its designee contractors. Contractors understand that the federal government may incorporate the local evaluation into the federal evaluation, the federal government may waive the local evaluation requirement, or the local evaluation may continue in parallel to the federal evaluations. All Contractors agree to comply with the federal evaluation award condition. Contractors ensure that any award of federal funds under this grant award will not supplant other federal, state, or local funds, which otherwise have been made available. The ACF funds will be used to supplement current funding available to Contractors, not supplant it. Activities to be funded by the ACF grant must be offered in addition to, not in place of, activities funded by other sources. CSS will monitor for compliance through annual review of Contractors' financial records.

Each of the Contractors (hereinafter also "Contractor", "full implementation partners," and/or "key grant partners") agree to enroll and administer a needs assessment to fathers who meet ACF and project eligibility criteria, and assign a case manager to each participant who will: (a) develop an integrated services plan for each participant; (b) identify community resources and supportive services necessary for achieving the objectives of the service plan; (c) provide coaching, as necessary, to help the father achieve his goals; (d) coordinate service provision among all participant-involved systems and providers, and assure integration of all program components; and (e) monitor progress on service plan objectives.

Each Contractor shall provide an Integrated Responsible Fatherhood Program (hereinafter "IRFP") using an integrated cohort program model that covers and integrates each of the Responsible Fatherhood (RF) activity areas: (1) responsible parenting, (2) economic stability, (3) healthy marriage, and agree to obtain and maintain data in the Management Information System (MIS) developed by ACF to comply with the requirement of performance measure data collection in the nFORM system. Contractors agree to invite and assist the participant to complete pre- and post-tests via an audio-computer assisted self-interview (ACASI) on an enabled online survey on a computer or a specified tablet that will link to the nFORM system.

The County agrees to purchase, and each of the Contractors agree to perform all of the functions and services and achieve objectives as set forth above, and as described in subsections A-P of this section. County and Contractors agree the services to be delivered, the quantity of services and the timeliness of performance are the essence of this Contract.

A. Milwaukee Fatherhood Initiative (hereinafter MFI): The following subsection applies to MFI.

MFI agrees to deliver an integrated responsible fatherhood program to 340 low-income fathers over the course of the 5-year grant; 20 in Year 1 (post-planning period) and 80 for each of Years 2-5 of which approximately 80% will be incarcerated fathers returning to Milwaukee upon release, and 20% other low-income fathers through such sources as the Compete Milwaukee Transitional Jobs program, which includes 18-21 year-old fathers who are aging out of foster care.

B. United Migrant Opportunity Services (UMOS): The following subsection applies to UMOs.

UMOS will serve as the central access point for project services on Milwaukee's near South side for 298 low-income fathers who seek workforce development services through its Comprehensive American Job Center over the course of the 5-year grant; 18 in Year 1 (post-planning period) and 70 for each of Years 2-5, of which approximately 14 will be younger fathers ages 16-24, and 56 who will be other low income fathers over the age of 24. In addition, UMOs will provide, to all eligible project participants, as and if indicated by a participant's integrated services plan, and on condition of available funding for leveraged resources such as Workforce Investment Act (WIA)/ Wisconsin Innovation and Opportunity Act (WOIA) individual training accounts, W2 Temporary Assistance to Needy Families (TANF) services (income support, employment services, child care, transportation, and emergency assistance; occupational skills training; Children First, Transform Milwaukee Jobs (transitional jobs), Adult Basic Education (GED), and domestic violence services through its Latina Resource Center. In addition, UMOs will use its job placement resources, as available and appropriate, to place participants in jobs.

C. Community Advocates, Inc. (hereinafter CA): The following subsection applies to CA.

CA agrees to serve as the central access point for project services in midtown Milwaukee; and will deliver an integrated responsible fatherhood program to 532 low-income fathers over the course of the 5-year grant; 32 in Year 1 (post-planning period) and 125 for each of Years 2-5), of which an estimated 25 will be younger fathers ages 16-24, and 100 who will be other low-income fathers over the age of 24. CA will facilitate one integrated responsible fatherhood program each year onsite at the Wisconsin Regional Training Partnership (WRTP) to a cohort enrolled in a construction and/or manufacturing sector-based pre-apprenticeship program operated by WRTP. In addition, eligible participants will have access to leveraged resources of CA support services, on condition of availability and assessed need, including 10 units of permanent supportive housing, protective payee services, rental assistance, energy assistance program, telephone and utilities services assistance programs; domestic violence services and shelter; batterers program; behavioral health services; and pre-trial services.

D. The Alma Center: The following subsection applies to The Alma Center.

The Alma Center specializes in working with men to provide trauma-informed healing, education, supportive services and a positive peer community promoting lifestyle transformation for participants who have been perpetrators of violence, abuse and control

in their intimate and family relationships. Alma will provide staff training that will focus on how to screen for adverse childhood experiences and adult trauma symptoms and how to refer to community resources (not ACF-funded). As needed, The Alma Center will offer presentations on childhood trauma, adult trauma symptoms (core wounds) and strategies and services to improve their coping mechanisms to avoid destructive behaviors. The Alma Center will also provide trainings for MNPFF project and partner staff on the administration of trauma screening tools that can be used with men and women who are either victims of domestic violence or perpetrators. These screening tools include: the Adverse Childhood Experiences Survey and the Inventory of Altered Self Capacities (Briere 2002). The Alma Center, based on need, may facilitate ongoing trainings for staff and participants in the areas of trauma identification/awareness, trauma resolution, emotional wellness and domestic violence. The Alma Center will also refer participants to partner Contractors from the intake unit that the Alma Center operates for Milwaukee County's Domestic Violence Court. The Alma Center will accept MNPFF referrals to their domestic violence programs for men.

E. My Father's House, Inc. (hereinafter MFH): the following subsection applies to MFH.

MFH will serve as the central access point for project services in Northwest Milwaukee, and deliver an integrated responsible fatherhood program to 1,403 low-income fathers over the course of the 5-year grant; 83 in Year 1 (post-planning period) and an average of 330 for each of Years 2-5, of which approximately 50% will be younger fathers (ages 16-24), 30% incarcerated fathers returning to Milwaukee, and 20% other low-income fathers older than 24. MFH will also serve as the site of the Impact Local Evaluation, for which, in addition to the responsibilities of the full implementation partners outlined in the above introduction, it will assist the University of Wisconsin-Milwaukee, and an ACF contractor if Milwaukee is selected to participate in a federal evaluation, in tracking and locating participants during the 12-month follow-up period to the MNPFF project.

F. AMTC and Associates (hereinafter AMTC): the following subsection applies to AMTC.

AMTC will provide the MNPFF program performance evaluation, and will work in partnership with the University of Wisconsin-Milwaukee to provide the MNPFF funded activities evaluation. AMTC will specify the 2015-2020 performance measurement and program fidelity system and oversee its implementation; including reviewing survey implementation results, providing analysis of staff focus group feedback, and overseeing tasks outlined on CSS' MNPFF program performance measurement tracker are completed. AMTC will maintain and develop system and tools to monitor program activities and staff, modify existing and develop new performance measurement tools as needed, (e.g. policies and procedures, educator observation schedule/procedures and training, forms and methods for addressing results with educators, fiscal processing and reporting forms, participant satisfaction survey, and educator and case manager surveys). In addition, AMTC will assist CSS in monitoring program activities and educators/case managers, increase effectiveness in job and career advancement and fatherhood curriculum activities, improve recruitment, selection,

training and retention of quality staff and address non-compliance issues of partners. These tools will measure effectiveness and fidelity.

AMTC and Associates will work with CSS to plan annual curriculum, and performance measurement, including nFORM training for new staff and other Contractors. AMTC will create all materials and tools for training and provide follow-up one-on-one assistance and support. AMTC will maintain communication with authors, liaisons, and publishers of evidence-based curricula approved for use in the project, such as Fatherhood Development Curriculum; 24/7 Dad, InsideOut Dad and Dr. Dad Curricula; p.a.p.a. curriculum; and the National Fatherhood Institute liaison.

AMTC and Associates will provide ongoing technical assistance to help CSS and full implementation partners, analyze and report on participant-level demographic data and performance measures identified by the federal Office of Family Assistance (OFA). The nFORM system allows CSS to: (a) measure, analyze, monitor and report on all outputs, objectives and outcomes identified in the Logic Model in the MNPFF grant application; (b) serve as the mechanism by which all case management activities are monitored and modified; (c) document program activities starting at intake, progressing through education, training, case management, employment, retention & support services; and (d) monitor fidelity to the project and curricula, inform the CSS project director regarding performance, and provide adherence information and advice to Contractors delivering services. AMTC will provide ongoing group and individual performance monitoring and technical assistance through conducting site visits and observations. Additionally, AMTC designee(s) will attend OFA required conferences and other recommended sessions related to fatherhood to learn about national best practices as recommended by OFA and CSS. AMTC will perform weekly data audits, produce educator, manager/funder output and outcome reports monthly. AMTC will provide Qualitative Performance Measurement Systems, including conducting focus groups involving MNPFF participants and one-on-one interviews with participants to measure MNPFF participants' successes in achieving economic stability and overall participant satisfaction. AMTC will provide Logic Model Outcome measurement, and ensure implementation of ACF measures, revising and processing pre- and post-attitudinal surveys. AMTC will oversee complete performance measurement analysis by December 30, 2020, summarizing important results and recommendations. AMTC will support the University of Wisconsin-Milwaukee in the design and implementation of the funded activities evaluation/impact evaluation in the form of a randomized clinical trial, and provide the contracted field researcher to support the daily activities of the impact evaluation. CSS will collaborate with AMTC to add a Performance Measurement Analyst (PMA) position, to be responsible for daily oversight of performance measurement systems. External evaluator AMTC is contracted to provide staff training of the PMA and overall oversight for these systems to report to the CSS Program Director/CSS MNPFF project director.

G. Center for Self-Sufficiency: the following subsection applies to the Center for Self-Sufficiency, (hereinafter CFSS)

CFSS will deliver an integrated responsible fatherhood program to 532 low-income fathers over the course of the 5-year grant; 32 in Year 1 (post-planning period) and 125 for each of Years 2-5, of which approximately 50 will be younger incarcerated fathers (ages 16-24) returning to Milwaukee, 50 incarcerated fathers over age 24 returning to Milwaukee, and 25 other low-income fathers older than age 24.

H. Compel Milwaukee, the following subsection applies to Compel Milwaukee (hereinafter CM).

Compel will deliver an integrated responsible fatherhood program to 532 incarcerated low-income fathers over the course of the 5-year grant; 32 in Year 1 (post-planning period) and 125 for each of Years 2-5.

I. Next Door Foundation (hereinafter NDF), the following subsection applies to NDF.

NDF will deliver an integrated responsible fatherhood program to 425 low-income fathers over the course of the 5-year grant; 25 in Year 1 (post-planning period) and 100 for each of Years 2-5, of which approximately 15 will be younger fathers ages 16-24, and 85 who will be other low-income fathers over the age of 24. NDF will facilitate an integrated responsible fatherhood program each year onsite at the Northcott Neighborhood House to a cohort enrolled in a construction sector-based pre-apprenticeship program operated by Northcott Neighborhood House.

J. Wisconsin Regional Training Partnership (hereinafter WRTP), the following subsection applies to WRTP.

WRTP will partner with Milwaukee County and Community Advocates to identify appropriate MNPFF participants for enrollment into sector-based pre-employment training and apprenticeship readiness connected to employment opportunities and placement of up to 25 individuals per year in manufacturing and construction jobs with a pay range of \$12-\$26 per hour. In addition, WRTP will host an integrated responsible fatherhood program delivered by Community Advocates for fathers receiving the grant-funded WRTP services. WRTP to track retention accordingly and document credentials attained for each participant.

K. Northcott Neighborhood House (hereinafter NNH), the following subsection applies to NNH.

NNH will provide sector-based training in the area of construction and home rehabilitation for 25 participants per year and will assist in placing all 25 participants into full-time employment, preferably in the construction industry, half (13) of who will be retained in their jobs for at least 90 days. Northcott is to track retention accordingly and document credentials attained for each participant. Additionally, NNH will host an integrated responsible fatherhood program delivered by Next Door Foundation for fathers receiving the grant-funded NNH services.

L. Wisconsin Community Services (hereinafter WCS), the following subsection applies to WCS.

WCS is a source provider of driver's license recovery services in Milwaukee, and will provide the following services:

1. Assess the license status of project participants; and
2. Provide driver's license recovery services, in order to enhance project participants' value to employers.

M. Centro Legal (hereinafter CL), the following subsection applies to Centro Legal.

CL will provide legal support services (as allowable under ACF regulations) to individual participants based on assessed need including providing information about:

1. Family law issues such as child custody and placement, child support, divorce, spousal support, and restraining orders;
2. Family court processes and procedures;
3. Resources available at the courthouse and guidelines for navigating the courthouse.

CL will also provide referrals for additional legal help outside the permitted scope of ACF funding. If the individual is eligible for such services funded by leveraged CL sources, CL will provide them. In addition, CL will provide *Family Law 101* classes within the integrated programs of all Contractors. The class will cover such topics as (1) divorce, spousal support, and restraining orders; (2) family court processes/procedures; (3) explanation of court documents; (4) expectations of judges, court commissioners, and guardian ad litem; (5) types of remedies available (and not available) through litigation; (6) common myths and misconceptions; and (7) advice for avoiding future legal problems.

N. Milwaukee Area Workforce Investment Board (hereinafter MAWIB), the following subsection applies to MAWIB.

MAWIB is the largest workforce development board in Wisconsin. MAWIB has recently implemented a business-driven model for regional workforce development that is based on a "demand and supply" approach which identifies and connects employers' real-time hiring needs with effective systems and partners to screen, match, and secure workers for these positions. Consistent with this approach, MAWIB will designate a MNPFF Career Path Coordinator (CPC) and a Business Services Coordinator (BSC) to provide support and technical assistance to the team of Case Managers within the MNPFF network of service providers. Those services will include:

1. Quarterly sessions that empower participants to effectively and efficiently leverage workforce development services and resources;
2. A dedicated point of contact to assist Case Managers with navigating the local workforce development system on behalf of their clients;
3. Connecting (whenever possible) Case Managers with training programs and providers that can assist participants to gain the skills and competencies necessary to gain career-track employment; and
4. Intentionally connecting Case Managers and their clientele with employment opportunities as they become available through the MAWIB's Industry Advisory Boards and Coordinating Council structures.

As a result of these efforts, MAWIB will reach 120 fathers annually through its *Workforce System 101* workshop, assist in referring 150 eligible fathers annually to the Wisconsin Department of Children and Families (DCF) transitional jobs program, and leverage \$100,000 in Wisconsin Innovation and Opportunity Act (WIOA) training dollars over the 5-year grant to assist fathers with accessing the training resources they need to be ready for career-path employment. MAWIB will leverage Workforce Investment Act/WIOA resources to provide, through MAWIB's two Comprehensive American Job Centers, training that leads to industry-recognized credentials and workforce activities that lead to employment.

O. Social Development Commission (hereinafter SDC), the following subsection applies to SDC.

SDC will offer an array of education and training programs to include:

1. GED training: SDC is a Pearson Vue, State certified testing center for both GED and HSED.
2. Competency Based Diploma Program / DPI-5.09: Designed for adult learners who have difficulty with traditional training and testing methodologies. Program leads to HSED.
3. Skills Enhancement: SDC offers the Skills Enhancement Program for adults who work at least 20 hours per week and are looking to gain a certification or license which will lead to improved employment resulting in salary and benefit gains. GED and HSED graduates are encouraged to participate in this program if they meet the enrollment criteria once they obtain their diploma.
4. Career Enhancement and Employment Services provides young adults and youth with access to resources and training that provides them with credentials, marketable skills, soft skills training and hands-on work experiences, with the ultimate goal of becoming self-sufficient through full-time employment. Programs focus on employment readiness, job placement, and on-the-job training.
5. Assessments and Diagnostic Testing, SDC education and training assessments include:
  - a. Test for Adult Basic Education (TABE) to determine basic skills. The results of this exam allow staff and students to generate an individual service plan.
  - b. The Career Locker (formally known as WisCareer) tool is used to determine career interests.
  - c. Accuplacer, diagnostic tests further facilitate career pathways that expose students to short term training programs, and entrance to degree programs offered at the Milwaukee Area Technical College (MATC).
6. Volunteer Income Tax Assistance (VITA): The Milwaukee Asset Building Coalition (MABC), which is headed by SDC, is a community-based partnership consisting of financial, community, health, education, and government entities that support Milwaukee residents as they strive to achieve financial independence. The SDC VITA program provides free services to

assist clients with both federal and state income tax preparation with an emphasis on tax credits.

7. Financial Capability combines financial education, one-on-one coaching, and access to financial products to provide participants with the knowledge they need to better manage their income, spending, saving, and credit.

P. University of Wisconsin Consulting Office for Research and Evaluation (hereinafter "UWM"): The following subsection applies to UWM.

UWM will provide a funded activities evaluation/impact evaluation in the form of a randomized clinical trial. The principle investigator will be the Associate Dean of Research and Engaged Scholarship and Director of the Consulting Office for Research and Evaluation (CORE) in the School of Education. The impact local evaluation will include random assignment of project participants to a treatment or control group, with the latter receiving services substantially different than the MNPFF Integrated Cohort Program. UWM will also conduct an implementation study to document the control group program. During the 9-month planning period, UWM will: (1) work with ACF and AMTC to refine, improve, develop, or select assessments; (2) pilot (if possible) and make necessary changes to the evaluation design/method; (3) submit a final evaluation design and budget to ACF; (4) maintain their federal-wide assurance and submit their research projects to an Institutional Review Board for approval. After the impact local evaluation plan approval by ACF, UWM will work with AMTC and CSS to implement the impact local evaluation throughout the 5-year grant period. At the end of the evaluation, UWM will prepare for CSS submittal: (a) final reports; and (b) de-identified datasets according to standards that ACF will distribute.

Each Contractor shall comply with all Federal, State and local laws and regulations and each shall maintain in good standing all licenses, permits and certifications relating to services referred to herein. Grant is subject to the requirements set forth in 45 C.F.R. § 87 and 45 C.F.R. § 75.215.

The County retains the right to rescind all rights to equipment purchased through this Contract if the Contract or federal funding is terminated prior to September 29, 2020 or, if the equipment is not utilized for the exclusive purpose of providing services described in subsections A-P above.

Any requested changes or modification to the scope of services, objectives or budget line items must be submitted in writing to CSS as an amendment for approval to this Contract prior to the change or modification being made to this Contract.

The Contractors agree to adhere to all project operational policies and procedures established by CSS, and allow site visits by CSS staff as needed and determined by CSS to monitor compliance with project policies, procedures, and terms of this Contract.

Each Contractor shall complete 50% of the services and objectives agreed to by each Contractor as described above, and deliver 50% of the services outlined to half of the total

participants agreed to by April 30<sup>th</sup> of the grant year, with the remaining services and objectives to be completed by September 29<sup>th</sup> of the grant year, and any subsequent grant years if federal funding is extended beyond 2020. CSS will review the status of all activities and objectives detailed in this contract in June of the grant year and any subsequent grant years; failure to comply with any of the activities, services, and objectives outlined in this Contract may result in a contract reduction unless deemed unnecessary by CSS. CSS reserves the right to stop services provided by any of the Contractors herein, if Contractors or their subcontractors are not complying with Federal, State, or local laws and/or not performing or complying with any of the activities, services, and objectives outlined in this Contract.

#### IV. COMPENSATION

Each of the Contractors agree to provide the services detailed in their respective subsections of Section III, subsections A-P above, and will be compensated for work performed as follows in subsections A-P of this Section as listed below, provided that each Contractor complies with all performance and reporting requirements. The total compensation to each of the Contractors for services performed/rendered under this Contract shall not exceed the amounts listed in each subsection A-P below. Compensation is contingent on the annual renewal of Financial Assistance Award No. 90FK0093-01-00, a discretionary grant by the Administration of Children and Families (ACF) of the U.S. Department of Health and Human Services to CSS.

- A. Milwaukee Fatherhood Initiative: MFI shall deliver services to the planned number of participants as described in Section III, subsection A, with compensation up to \$75,000 per year in grant funds.
- B. UMOS: UMOs shall deliver services to the planned number of participants as described in Section III, subsection B, with compensation up to \$85,000 per year in grant funds.
- C. Community Advocates: CA shall deliver services to the planned number of participants described in Section III, subsection C, with compensation up to \$125,000 per year in grant funds.
- D. The Alma Center: The Alma Center shall deliver services as described in Section III, subsection D, with compensation up to \$10,000 per year in grant funds.
- E. My Father's House, Inc.: MFH shall deliver services to the planned number of participants described in Section III, subsection E, with compensation up to \$380,000 per year in grant funds.
- F. AMTC and Associates: AMTC shall deliver services as described in Section III, subsection F, with compensation up to \$213,636 in Year; \$223,750 in Years 2, 3, and 4 each; and up to \$206,875 in Year 5 in grant funds.
- G. Center for Self-Sufficiency: CFSS shall deliver services to the planned number of participants described in Section III, subsection G, with compensation up to \$100,000 per year in grant funds.
- H. Compel Milwaukee: CM shall deliver services to the planned number of participants described in Section III, subsection H, with compensation up to \$125,000 per year in grant funds.
- I. Next Door Foundation: NDF shall deliver services to the planned number of participants described in Section III, subsection I, with compensation up to \$100,000 per year in grant funds.
- J. Wisconsin Regional Training Partnership: W RTP shall deliver services to the planned number of participants described in Section III, subsection J, with compensation up to \$25,000 per year in grant funds.
- K. Northcott Neighborhood House: NNH shall deliver services to the planned number of participants described in Section III, subsection K, with compensation up to \$25,000 per year in grant funds.

L. Wisconsin Community Services: WCS shall deliver services to the planned number of participants described in Section III, subsection L, with compensation up to \$25,000 per year in grant funds.

M. Centro Legal: Centro Legal shall deliver services to the planned number of participants described in Section III, subsection M, with compensation up to \$50,000 per year in grant funds.

N. Milwaukee Area Workforce Investment Board: MAWIB shall deliver services to the planned number of participants described in Section III, subsection N, with compensation up to \$92,138 per year in grant funds.

O. Social Development Commission: SDC shall deliver services to the planned number of participants described in Section III, subsection O, with compensation up to \$25,000 per year in grant funds.

P. University of Wisconsin Consulting Office for Research and Evaluation: UWM shall deliver services as described in Section III, subsection P, with compensation up to \$96,364 in Year 1; \$86,250 in Years 2, 3, and 4 each; and up to \$103,125 in Year 5 in grant funds.

Expenditures must coincide with the line item dollar amounts indicated in the estimated 12-month budget for each of the Contractors as outlined in the *Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description* referenced as Exhibit B, attached and incorporated herein. Actual expenses may not vary by more than 5% of the budgeted line item.

## V. BILLING

Each Contractor shall have electronic mail access and the ability to submit electronic, Internet-based on-line invoices to Milwaukee County. Each Contractor must submit to the County in the form and format approved by the County, an invoice for the purchased services furnished to eligible recipients during the preceding month and all required documentation no later than the 10th calendar day following the end of the reported month, it being understood that such invoice may be subject to audit by County before and/or after payment is made. As a matter of practice, the County attempts to pay invoices in 30 calendar days of invoice approval.

Invoices are to be submitted to Agnes Marcinowski, Manager of the Operations Division and MPRF Fiscal Director, Milwaukee County Department of Child Support Services, 901 North 9<sup>th</sup> Street, Room 101, Milwaukee, Wisconsin 53233.

Completion of program objectives must be commensurate with amount invoiced; subsections A-P of Section III of this Contract identify the planned services and number of participants to be served each grant year to meet program objectives for each of the individual Contractors. The amount paid each month to Contractors shall not exceed 1/12 of the total Contract amount per Contractor unless approved in advance by the County after reviewing written rationale for exceeding 1/12 of the total Contract amount for each Contractor. State Prompt Pay Law, section 66.0135 of the Wisconsin statutes shall not apply to payment for services provided hereunder.

Payment by County of a Contractors' invoice does not absolve any of the Contractors from a final accounting and settlement upon submission and review of Contractors' annual audit,

or from audit recoveries arising from an on-site audit of Contractors' case records or other documentation in support of services billed. Invoice/reimbursement requests received twenty (20) days after the termination of this Contract will not be considered for payment by County.

#### VI. WITHOLDING OF PAYMENTS

Failure on the part of any Contractor to comply with Contract requirements may result in withholding of any payments otherwise due to the Contractor from the County by virtue of any County obligation to vendor until such time as the Contract requirements are met. The County reserves the right to use any legal means necessary to recover for any damage resulting from any of the Contractors' failure to meet the terms and conditions of this Contract. Individual Contractors shall be liable for any costs necessary to ensure Contract compliance, including attorney fees. Further, the County reserves the right to modify the Contract amount due to an individual Contractor at any point in the year that the individual Contractor falls behind in the services, activities, objectives, and/or service of the planned number of participants listed above. The County will provide the Contractor a written notice of any changes to Contract amounts.

#### VII. CONTRACT RENEGOTIATION

This Contract may be renegotiated with an individual Contractor and/or any of the Contractors in the event of changes required by law, regulations, court action, or the inability of either the County, or an individual Contractor to perform as individually committed in this Contract. Revision of this Contract must be agreed to by the County and the individual Contractor or Contractors as determined necessary, as evidenced by an addendum signed by their authorized representatives.

#### VIII. CONTRACT TERMINATION

This Contract may be terminated thirty (30) days following written notice by the County for any reason, with or without cause. Failure by an individual Contractor to maintain required licenses in good standing may, at the option of the County, result in immediate termination of this Contract. Failure to comply with any part of this Contract may be considered cause for early termination by the County.

Individual Contractors shall notify the County in writing whenever unable to provide the required quality or quantity of services, or key personnel are no longer available to provide services. Upon such notification, the County and the Contractor(s) unable to provide the service quality or quantity shall determine whether such inability will require a revision or early termination of this Contract as to the Contractor(s) involved.

In the event of termination, the County will only be liable for federally reimbursable service rendered through the date of termination and not for the uncompleted portion, or any of the materials or services purchased or paid for by the terminated Contractors for use of completing this Contract. Should the County's reimbursement from the U.S. Administration for Children and Families not be obtained or continued at a level sufficient to allow for payment for the quantity of services in this Contract, the obligations of each party shall be terminated and

such reduction in reimbursement or payment to the County shall be sufficient basis for the County to reduce the amounts to be paid to the individual Contractors, notwithstanding that the Contractors may have provided the service.

In the event that any of the individual Contractors fail to perform the services and/or serve the planned number of participants described in Section III for each Contractor, or for whom this Contract is terminated for noncompliance or any other reason, all remaining provisions of this Contract shall remain in full force and effect for all other individual Contractors. In the event that any part or provision of this agreement is declared fully or partially invalid, unlawful or unenforceable by a court of competent jurisdiction, the remainder of the part or provision and the agreement will remain in full force and effect, if the essential terms and conditions of this agreement for the County and each of the remaining individual contractors remain valid, binding and enforceable.

The County reserves the right to withdraw any qualified recipient from the program, service, institution or facility of a Contractor at any time, when in the judgment of County, it is in the best interest of the County or the qualified recipient.

#### IX. CONTRACT CONTENT AND SUBCONTRACTS

The entire Contract of the parties, including the individual sections for each individual Contractor is contained herein. This Contract supersedes all oral agreements and negotiations and all writing not herein referred to and incorporated.

Assignment of any portion of the work by subcontract is prohibited except upon prior written approval of the County. All budgeted expenses in the subcontract must be consistent with the approved MNPFF grant.

#### X. INDEPENDANT CONTRACTORS

Nothing contained in this Contract shall constitute or be construed to create a partnership, joint venture, or employee-employer relationship between County or its successors or assigns and the individual Contractors or their successors or assigns. In entering into this Contract, and in acting in compliance herewith, each of the Contractors are at all times acting and performing as independent Contractors, duly authorized to perform the acts required of it in this Contract.

#### XI. ASSIGNMENT LIMITATION

This Contract shall be binding upon and inure to the benefit of the parties and their successors and assigns; provided that neither the County nor any Contractor shall assign its obligations hereunder without the prior written consent of the other. Contractors shall not assign or transfer any interest or obligation in this Contract without the prior written consent of the County, unless otherwise provided herein.

#### XII. REPORTS, AUDIT, AND INSPECTION OF RECORDS

Pursuant to §56.30(6)(e) of the Milwaukee County Code of Ordinances, each of the Contractors shall allow Milwaukee County, the Milwaukee County Department of Audit, or any other party that Milwaukee County may name, when and as they demand, to audit, examine and make copies of records in any form and format, meaning any medium on which written, drawn, printed, spoken, visual or electromagnetic information is recorded or preserved, regardless of physical form or characteristics, which has been created or is being kept by a Contractor, including not limited to, handwritten, typed or printed pages, maps, charts, photographs, films, recordings, tapes (including computer tapes), computer files, computer printouts and optical disks, and excerpts or transcripts from any such records or other information directly relating to matters under this Agreement, all at no cost to Milwaukee County. Any subcontracting by any Contractor in performing the duties described under this contract shall subject the subcontractor and/or associates to the same audit terms and conditions as the individual Contractors. Contractors (or any subcontractor) shall maintain and make available to Milwaukee County the aforementioned audit information for no less than three years after the conclusion of each contract term.

Each of the Contractors agree to allow authorized representatives of the County and County funding sources to have access to all records necessary to confirm individual Contractors' compliance with law and the specifications of this Contract.

Each Contractor must submit monthly program and financial reports and update all attendance for the prior month by the 10<sup>th</sup> of each month according to the format assigned by the County. Payment for services will be delayed and Contract deductions will be applied for failure to submit timely program or fiscal reports, or failure to update attendance data.

Each of the Contractors and County mutually agree that federal auditors as well as other federal and state officials, reserve the right to review certified audit reports or financial statements and perform additional audit work as deemed necessary and appropriate, it being understood that additional overpayment refund claims or adjustments to prior claims may result from such reviews. Contractors agree to reimburse any funds found not in compliance with this agreement, in accordance with the County's audit resolution procedures.

#### A. Audit Requirements for Funding Source

Each of the Contractors shall submit to CSS Manager of Operations Agnes Marcinowski on or before April of each grant year or such later date that is mutually acceptable to the Contractors and CSS, two (2) original copies of a certified audit report in accordance with the Office Management and Budget (OMB), Circular A-133 for each grant year prepared by an independent Certified Public Accountant (CPA) licensed to practice by the State of Wisconsin. The CPA audit and report shall contain the following Financial Statements and Auditors' Reports:

##### 1. Financial Statement for the entire organization:

###### a. Comparative Balance Sheet for Total Agency,

- b. Statement of Operation for Total Agency,
- c. Statement of Cash Flows,
- d. Supplementary schedule of revenues and expenses identified by funding source for each program, activity or function as outlined in any Contractor application,
- e. Notes to financial statements including units of services, if applicable, and disclosure of related party transactions, if any.

2. Auditors Reports:

- a. Report on the financial position, results of operations and changes in the financial position of the entire agency;
- b. Report on compliance including compliance with applicable laws and regulations, and any subsequent revisions, and compliance with material financial terms and conditions of the contract;
- c. Report on Evaluation of Internal Accounting Controls. A copy of any management letter issued in conjunction with the audit shall be provided to CSS;
- d. Findings of non-compliance;
- e. Schedule of questioned costs and potential amount of repayment prior to offsetting any unrelated items; and
- f. Schedule of Federal and State awards.

3. General:

- a. If an individual Contractor administers multiple programs or activities, including one or more publicly funded programs, the audit shall follow the provisions of the Office of Management and Budget Circular A-133, to the extent possible. These requirements are established to ensure audits are made on an organization-wide basis, rather than on a grant-by-grant basis. Revenues and expenses identified by funding source for each program, activity or function are required in addition to OMB Circular A-133 requirements.

XIII. OWNERSHIP OF DATA

Upon completion of the work or upon termination of this Contract, it is understood that all completed or partially completed data, drawings, records, computations, survey information, and all other material that any of the Contractors have collected or prepared in carrying out this Contract shall be provided to and become the exclusive property of the County. Therefore, any reports, information and data, given to or prepared or assembled by any Contractor under this Contract shall not be made available to any individual or organization by Contractors without the prior written approval of County. No reports or documents produced in whole or in part under this Contract shall be the subject of an application for copyright by or on behalf of the Contractors.

XIV. CONFIDENTIALITY

Each of the Contractors agree to maintain the confidentiality of all County records related to the work and participants of this project. Any information obtained by any employee of Contractors pursuant to the services provided in this Contract is confidential, and each Contractor agrees to maintain the confidentiality of all information related to the services provided. The use or disclosure of any information for any purpose not directly connected to the services provided is prohibited, except with the informed written consent of the Child Support Director, and will be considered grounds for sanction of the Contractor, and possible termination of this Contract as to the Contractor in violation. Additionally, any person violating this section may be fined pursuant to Wis. Stat. § 49.83. The obligations of this section survive any expiration or termination of this Contract. All reports and records must be maintained for seven (7) years.

#### XV. STAFFING

Each Contractor shall provide all personnel required in performing the services under this Contract. Such personnel shall not be any officer or employee of the County, or have any other conflict of interest or Contractual relationship with the County. No employee of the Milwaukee County Department of Child Support Services shall be an officer, member of the board of directors, or have a proprietary interest in any of the Contractors unless approved in writing by the CSS Director.

#### XVI. CODE OF ETHICS

Each of the Contractors hereby attests that each is familiar with Milwaukee County's Code of Ethics and agree to observe its standards of conduct as described in section 9.05 of the Milwaukee County General Ordinances.

#### XVII. NONDISCRIMINATION, EQUAL EMPLOYMENT OPPORTUNITY, AFFIRMATIVE ACTION AND CIVIL RIGHTS COMPLIANCE

In the performance of work or execution of this Contract, the individual Contractors shall not discriminate against any employee or applicant for employment because of race, color national origin, age, sex or handicap, which shall include but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeships. Each of the Contractors will post in conspicuous places, notices to be provided by the County setting forth the provisions of the nondiscriminatory clause. A violation of this provision shall be sufficient cause for the County to terminate the Contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the terminated Contractor for use in completing its Contract, pursuant to section 56.17(1a) of the Administrative Code for Milwaukee County referenced and incorporated herein.

Furthermore, all of the Contractors agree that each will strive to implement the principles of equal employment opportunities through an effective affirmative action program, and will so certify prior to the award of their Contracts, which program shall have as its objective to increase the utilization of women, minorities and handicapped persons, and other protected groups, at all

levels of employment in all divisions of the Contractors' workforces, where these groups may have been previously under-utilized and under-represented. The Contractors agree that in the event of any dispute as to compliance with the requirements of this section, it shall be the Contractors' responsibilities to show that they have met all such requirements, per section 56.17(1d) of the Administrative Code for Milwaukee County.

Consistent with the requirements of the U.S. Department of Health and Human Services (HHS) and the Administration of Children and Families (ACF) financial assistance award, each of the Contractors commit to adhere to the program assurances described in the *Memorandum of Understanding for Milwaukee New Pathways for Families and Fathers/Milwaukee County Department of Child Support Services Subcontractors and Other Key Partners* attached as Exhibit A and incorporated herein. Each of the Contractors further agree and assure to comply with each of the following federal provisions described in sections A-E below.

A. 45 CFR part 91, Age Discrimination Act of 1975, 42 U.S.C. 6101 *et seq.*, prohibits discrimination on the basis of age in any program or activity receiving federal financial assistance.

B. 45 CFR part 80, Civil Rights Act of 1964, 42 U.S.C. 2000d *et seq.*, provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. In addition, recipients of Federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective communication between the service provider and individuals with limited English proficiency. To clarify existing legal requirements, HHS published "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," at <http://www.hhs.gov/ocr/lep/revisedlep.html>, provides a description of the factors that recipients should consider in determining and fulfilling their responsibilities to individuals with limited English proficiency.

D. 45 CFR part 86, Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686, provides that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance.

E. 45 CFR parts 84 and 85, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, provides that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. These requirements pertain to the provision of benefits or services as well as to employment.

#### XVIII. STATEMENT ON DISADVANTAGED BUSINESS ENTERPRISE

Milwaukee County's Community Business Development Office approves the Disadvantaged Business Enterprise (DBE) utilization for its contractors and will also make a

determination whether good faith efforts are being used to meet the DBE goals. The efforts employed by the contractor should be those that one could reasonably expect a contractor to take if the contractor were actively and aggressively trying to obtain DBE participation sufficient to meet the DBE contract goal. Mere pro forma efforts are not good faith efforts to meet the DBE contract goals, 49 CFR section 26.53 and Appendix A to 49 CFR Part 26 provide guidance regarding good faith efforts.

#### XIX. RESOLUTION OF DISPUTES

Any Contractor may file a formal grievance or otherwise appeal decisions of the County in accordance with County Policies and Procedures, and Milwaukee County General Ordinances.

#### XX. INDEMNITY

Each of the individual Contractors agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the County, and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of statutory benefits under Workers Compensation Laws and/or liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractors, or their agents, which may arise out of or are connected with the activities covered by this agreement.

Contractors shall indemnify and save County harmless from any award of damages and costs against the County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of tasks and services covered by this agreement.

#### XXI. INSURANCE

Each of the individual Contractors understand and agree that financial responsibility for claims or damages to any person, or to Contractors' employees and agents, shall rest with the individual Contractors. Contractors shall effect and maintain any insurance coverage, including, but not limited to, Worker's Compensation, Employers Liability and General, Contractual, Professional and Automobile Liability, to support such financial obligations. The indemnification obligation, however, shall not be reduced in any way by existence or non-existence, limitation, amount or type of damages, compensation or benefits payable under Worker's Compensation laws or other insurance provisions.

Evidence of Worker's Compensation and General and Automobile Liability insurance shall be given the County, upon request, by a certificate naming the County as an additional insured on general and automobile coverages and affording a thirty (30) day written notice of cancellation, non-renewal, or known material change for the duration of this Contract.

Each of the Contractors shall purchase and maintain policies of insurance and proof of financial responsibility to cover costs as may arise from claims of tort, statutes, and benefits under Workers' Compensation laws, as respects damage to persons or property and third parties in such coverages and amounts as required and approved by the County Director of Risk

Management and Insurance. Acceptable proof of such coverages shall be furnished to the Director of Risk Management and Insurance prior to services commenced under this agreement.

Each of the individual Contractors shall provide evidence of the following coverages and minimum amounts:

<b>Type of Coverage</b>	<b>Minimum Limits</b>
<b>Wisconsin Workers' Compensation</b>	Statutory
<b>Employer's Liability</b>	\$100,000/\$500,000/\$100,000
<b>Commercial Or Comprehensive General Liability</b>	
General Aggregate	\$1,000,000 Per Occurrence
Personal Injury	\$1,000,000 Per Person
Bodily Injury & Property Damage	\$1,000,000 Aggregate
Contractual Liability	\$1,000,000 Per Occurrence
Fire Legal Liability	\$50,000 Per Occurrence
<b>Automobile Liability</b>	
Bodily Injury & Property Damage – all autos owned, non-owned and/or hired	\$1,000,000 Per Accident
Uninsured Motorists	Per Wisconsin requirements

**MILWAUKEE COUNTY, AS ITS INTERESTS MAY APPEAR, SHALL BE NAMED AS AN ADDITIONAL INSURED FOR GENERAL, AUTOMOBILE, GARAGE KEEPERS LEGAL AND ENVIRONMENTAL IMPAIRMENT LIABILITY, AS RESPECTS SERVICES PROVIDED IN THIS AGREEMENT. DISCLOSURE MUST BE MADE OF ANY NON-STANDARD OR RESTRICTIVE ADDITIONAL INSURED ENDORSEMENT, AND ANY USE OF NON-STANDARD OR RESTRICTIVE ADDITIONAL INSURED ENDORSEMENT WILL NOT BE ACCEPTABLE. A THIRTY (30) DAY WRITTEN NOTICE OF CANCELLATION, NON-RENEWAL OR MATERIAL CHANGE SHALL BE AFFORDED THE COUNTY.**

**A WAIVER OF SUBROGATION FOR WORKER'S COMPENSATION BY ENDORSEMENT IN FAVOR OF MILWAUKEE COUNTY SHALL BE PROVIDED.**

The insurance specified above shall be placed with an AA+ rated carrier per Best's Rating Guide and approved to do business in the State of Wisconsin. Any deviations or waiver of required coverages or minimums shall be submitted in writing and approved by the County Director of Risk Management and Insurance as a condition of this agreement. Waivers may be granted when surplus lines and specialty carriers are used.

A *Certificate of Insurance* shall be submitted for review to the County for each successive period of coverage for the duration of this agreement.

The Contractors shall evidence satisfactory compliance for Unemployment Compensation and Social Security reporting as required by Federal and State laws.

## XXII. NOTICES

Notices to the County provided for in this Contract shall be sufficient if sent by certified or registered mail, postage prepaid, addressed to Jim Sullivan, Director, Milwaukee County Child Support, Room 101, Milwaukee County Courthouse, 901 N. 9<sup>th</sup> St., Milwaukee, WI 53233, and notices to the individual Contractors shall be sufficient if sent by certified or registered mail, postage prepaid, to the respective addresses stated in Section I of this Contract or to such other respective addresses as the County and/or individual Contractors may designate to each other in writing from time to time.

## XXIII. ADDITIONAL APPLICABLE PROVISIONS

This agreement shall be interpreted and enforced under the laws and jurisdiction of the State of Wisconsin. This agreement constitutes the entire understanding between the parties and is not subject to amendment unless agreed upon in writing by both parties hereto. Each of the individual Contractors acknowledge and agree that each will perform its obligations hereunder in compliance with all applicable state, local or federal laws, rules, regulations and orders.

It is expressly understood, agreed and assured that the parties' obligations hereunder are subject to federal concurrence, policies, regulations and restrictions with this Contract including all but not limited to the additional following provisions.

### Acknowledgment of Federal Funding

As required by HHS appropriations acts, all HHS recipients must acknowledge federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with federal funds. Recipients are required to state (1) the percentage and dollar amounts of the total program or project costs financed with federal funds and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources.

### The Cost Principles

Cost principles establish general standards for the allowability of costs, provide detailed guidance on the cost accounting treatment of costs as direct or indirect costs, and set forth allowability principles for selected items of cost. Applicability of a particular set of cost principles depends on the type of organization making the expenditure.

The cost principles are set forth in the following documents and are incorporated by reference in 45 CFR 74.27 and 92.22: OMB Circular A-21—Cost Principles for Educational Institutions (2 CFR part 220); OMB Circular A-87—Cost Principles for State, Local, and Indian Tribal Governments<sup>15</sup> (2 CFR part 225); OMB Circular A-122—Cost Principles for Non-Profit Institutions<sup>16</sup> (2 CFR part 230); 45 CFR part 74, Appendix E—Principles for Determining Costs Applicable to Research and Development under Grants and Contracts with Hospitals 48 CFR

subpart 31.2 (Federal Acquisition Regulation)—Contract Cost Principles and Procedures—  
Contracts with Commercial Organizations .

#### XXIV. APPROVAL

*Approved with regards to County Ordinance Chapter 42:*

DocuSigned by:  
By: Rick Norris Date: 11/3/2015  
A042C84B4003E450V  
Community Business Development Partners

*Reviewed by:*

DocuSigned by:  
By: [Signature] Date: 11/3/2015  
E4934C42M445P  
Risk Management

*Approved for execution:*

DocuSigned by:  
By: Mark A Grady Date: 11/5/2015  
2BE87A74B9A5155  
Corporation Counsel

*Approved:*

DocuSigned by:  
By: [Signature] Date: 11/5/2015  
F7354A95B99641E  
Comptroller

*Approved:*

By: \_\_\_\_\_ Date: \_\_\_\_\_  
County Executive

*Approved as compliant under sec. 59.42(2)(b)5, Stats.:*

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Corporation Counsel



In witness, whereof, the County and each of the undersigned, by their authorized representatives, acknowledge review of this MNPFF Project Services Contract, and hereto have executed this Contract as of the date adopted by the Milwaukee County Board of Supervisors, by resolution.

#### **COUNTY:**

\_\_\_\_\_  
Jim Sullivan, Director  
Milwaukee County Dept. Child Support Services

**CONTRACTORS:**

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Dept. of Admin. Milw. Fatherhood Initiative

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United Migrant Opportunity Services

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Community Advocates, Inc.

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My Father's House, Inc.

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Center for Self-Sufficiency

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Compel Milwaukee

---

Next Door Foundation

---

Milw. Area Workforce Investment Board

---

Northcott Neighborhood House

---

Wisconsin Community Services, Inc.

---

The Alma Center

---

AMTC and Associates

---

Centro Legal

---

Social Development Commission

---

Wisconsin Regional Training Partnership

## Exhibit A

2015 Milwaukee County Department of Child Support Services NPFF

**MEMORANDUM OF UNDERSTANDING  
MILWAUKEE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES  
SUBCONTRACTORS AND OTHER KEY PARTNERS  
FOR ACF NEW PATHWAYS FOR FATHERS AND FAMILIES GRANT PROGRAM**

### **PREAMBLE**

The Milwaukee County Department of Child Support Services (CSS) and its partners represent a wide range of community sectors that have demonstrated capacity in providing Responsible Fatherhood (RF) and related support services (such as mental health, substance abuse treatment, and trauma-informed care). CSS is taking the lead on behalf of an established system of experienced organizations to promote RF in the City and County of Milwaukee. The multi-faceted strategy includes services designed to strengthen positive father-child engagement, improve employment and economic mobility opportunities, and improve healthy relationships (including couple and co-parenting) and marriage. All parties to this agreement commit to using grant and leveraged resources to help fathers (particularly low-income adult fathers, and those between the ages of 16 and 24), residing in Milwaukee County and meeting all ACF eligibility criteria, establish or strengthen relationships with their children, improve long-term economic stability, and overcome obstacles and barriers that prohibit them from being the most effective and nurturing parents. This MOU contains the level of involvement, responsibilities, and resource commitment of each partner.<sup>1</sup>

### **AGREEMENT**

This 3<sup>rd</sup> party agreement and statement of assurances is entered into by the following entities:

**Milwaukee County Department of Child Support Services (CSS)** will serve as the **applicant, administrative agency, and fiscal agent** for the project. CSS will oversee the project-wide objective of serving **4,062** low-income fathers over the course of the five-year grant; **242** in Year 1 (post-planning period) and an average of **955** for each of Years 2-5). Of these fathers 1,414 are projected to be young fathers (ages 16-24), of which 262 are projected to be incarcerated; 1,201 incarcerated fathers over the age of 24; and 1,447 other low-income fathers over the age of 24. CSS will oversee implementation of all activities, outputs, objectives and outcomes described in this application. In addition to providing project oversight, CSS will deliver a range of child support services (including establishing paternity, obtaining support orders, conducting modification reviews, and Alternative Dispute Resolution) to noncustodial fathers enrolled in MNPFF integrated cohort programs (ICP). In addition, CSS will deliver a workshop, Child Support 101, which will be offered as part of the ICP of each FIP. **CSS will oversee a total project budget of \$2,000,000 annually (\$10,000,000 over the course of the 5-year grant) and will provide project administration and child support services with \$447,862 per year in grant funds (\$2,239,309 over 5 years) and an estimated \$102,408/year in leveraged resources (\$512,040 over 5 years).**

### **FULL IMPLEMENTATION PARTNERS (FIPS)**

Each of the Full Implementation Partners (FIPs) agrees to the following project responsibilities:

<b>Table 21: Responsibilities of Full Implementation Partner (FIP)</b>	
1.	Enroll & administer needs assessment to fathers who meet ACF & project eligibility criteria.
2.	Assign a case manager to each participant who will:
a.	Develop an integrated services plan for each participant.

<sup>1</sup> Wisconsin Department of Corrections, for legal reasons, has opted to submit a separate Letter of Commitment (LOC) with CSS, p. 90. CSS has entered into a separate LOC with the Evaluators, which can be found on pp. 98-99.

## 2015 Milwaukee County Department of Child Support Services NPFF

b. Identify community resources and supportive services necessary for achieving the objectives of the service plan.
c. Provide coaching, as necessary, to help the father to achieve his goals.
d. Coordinate service provision among all participant-involved systems and providers, and assure integration of all program components.
e. Monitor progress on service plan objectives.
3. Provide an Integrated Responsible Fatherhood Program (IRFP) using an integrated cohort program model that covers and integrates each of the Responsible Fatherhood (RF) activity areas: 1) Responsible Parenting, 2) Economic Stability, and 3) Healthy Marriage.
4. Obtain and maintain data in the Management Information System (MIS) developed by ACF to comply with the requirement of performance measure data collection in the nFORM system.
5. Assist fathers to complete pre- and post-tests via an audio-computer assisted self-interview on an enabled online survey on a computer or tablet that will link to the nFORM system.

**Center for Self-Sufficiency (CFSS)** will deliver an IRFP to **532** low-income fathers over the course of the 5-year grant; **32** in Year 1 (post-planning period) and **125** for each of Years 2-5), of which around 50 will be younger incarcerated fathers (ages 16-24) returning to Milwaukee, 50 incarcerated fathers over age 24, and 25 other low-income fathers older than age 24. **These services will be provided with \$100,000 per year in grant funds (500,000 over 5 years) and an estimated \$75,000 in leveraged resources each year of the grant, \$375,000 over 5 years.**

**Community Advocates (CA)** will deliver an IRFP to **532** low-income fathers over the course of the five-year grant; **32** in Year 1 (post-planning period) and **125** for each of Years 2-5), of which an estimated 25 will be younger fathers ages 16-24, and 100 who will be other low-income fathers over the age of 24. NDF will facilitate one IRFP each year onsite at the Wisconsin Regional Training Partnership (WRTP) to a cohort enrolled in a construction and/or manufacturing sector-based pre-apprenticeship program operated by WRTP. In addition, eligible participants will have access to an extensive array of CA support services, on condition of availability and assessed need, including permanent supportive housing, protective payee services, rental assistance, energy assistance program, telephone and utilities services assistance programs; DV services and shelter; batterers program; and behavioral health services. **These services will be provided with \$125,000 per year (\$625,000 over 5 years) in grant funds, an estimated \$75,000 in Year 1 and \$150,000 in each of years 2-5, (\$675,000 over 5 years) in leveraged resources.**

**COMPEL** will deliver an IRFP to **532** incarcerated low-income fathers<sup>2</sup> over the course of the five-year grant; **32** in Year 1 (post-planning period) and **125** for each of Years 2-5). **These services will be provided with \$125,000 per year in grant funds, (625,000 over 5 years).**

**Milwaukee Fatherhood Initiative** agrees to deliver an IRFP to **340** low-income fathers over the course of the five-year grant; **20** in Year 1 (post-planning period) and **80** for each of Years 2-5 of which approximately 80% will be incarcerated fathers returning to Milwaukee upon release, and 20% other low-income fathers through such sources as the Compete Milwaukee Transitional Jobs program, which includes 18-21 year-old fathers who are aging out of foster care. **These services will be provided with \$75,000 per year (\$375,000 over 5 years) in grant funds.**

**My Father's House, Inc. (MFH)** will deliver an IRFP to **1,403** low-income fathers over the course of the 5-year grant; **83** in Year 1 and an average of **330** for each of Years 2-5, of which approximately 50% will be younger fathers (ages 16-24), 30% incarcerated fathers returning to

## 2015 Milwaukee County Department of Child Support Services NPFF

Milwaukee,<sup>2</sup> and 20% other low-income fathers older than age 24. MFH will also serve as the site of the Impact Local Evaluation, for which, in addition to the functions of FIPs outlined above, it will assist UWM in tracking and locating participants during the 12-month follow-up period. **These services will be provided with \$380,000 per year in grant funds, \$1.9 million over 5 years.**

**Next Door Foundation (NDF)** will deliver an IRFP **425** low-income fathers over the course of the five-year grant; **25** in Year 1 and **100** for each of Years 2-5, of which approximately 15 will be younger fathers ages 16-24, and 85 who will be other low-income fathers over the age of 24. NDF will facilitate one IRFP each year onsite at Northcott Neighborhood House (NNH) to a cohort enrolled in a construction sector-based pre-apprenticeship program operated by NNH. **These services will be provided with \$100,000 per year in grant funds, \$500,000 over 5 years.**

**UMOS, Inc.** a bilingual/bicultural (Hispanic) Comprehensive American Job Center (AJC) Operator serving as the central access point for project services on Milwaukee's near South side, deliver an IRFP to **298** low-income fathers who seek workforce development services through the AJC over the course of the 5-year grant; **18** in Year 1 and **70** for each of Years 2-5, of which approximately 14 will be younger fathers ages 16-24, and 56 who will be other low-income fathers over the age of 24. In addition, UMOS will provide, to all eligible project participants, as and if indicated by an individual's integrated services plan, and on condition of available funding: WIA/WIOA individual training accounts, W2 (TANF) services (income support, employment services, child care, transportation and emergency assistance; occupational skills training; Children First (child support services), Transform Milwaukee Jobs (transitional jobs), Adult Basic Education (GED), and domestic violence services through its Latina Resource Center. In addition, UMOS will use its job placement resources, as available and appropriate, to place participants in jobs. **These services will be provided with \$85,000 per year (\$425,000 over 5 years) in grant funds and an estimated \$56,950 in leveraged resources for each year of the grant, \$284,750, over 5 years.**

## OTHER KEY GRANT PARTNERS

**The Milwaukee Area Workforce Investment Board (MAWIB)** is the largest workforce development board in Wisconsin. MAWIB has recently implemented a business-driven model for regional workforce development that is based on a "demand and supply" approach which identifies and connects employers' real-time hiring needs with effective systems and partners to screen, match, and secure workers for those positions. Consistent with this approach, MAWIB will designate a MNPFF Career Pathways Coordinator (CPC) and a Business Services Coordinator (BSC) to provide support and technical assistance to the team of Case Managers within the MNPFF network of service providers. Those services will include:

- A dedicated point of contact to assist case managers with navigating the local workforce development system on behalf of their clients,
- Connecting (whenever possible) case managers with training programs and providers that can assist participants to gain the skills and competencies necessary to gain career-track employment, and
- Intentionally connecting fathers with employment opportunities as they become available through MAWIB's Industry Advisory Boards & Coordinating Council structures.

MAWIB will reach 120 fathers annually through its "Workforce System 101" workshop, assist in referring 150 eligible fathers annually to the DCF set-aside of Transitional Jobs (per this LOC), and leverage \$100,000 in WIOA training dollars over the 5-year project to assist fathers to access the

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<sup>2</sup> About 20% of incarcerated fathers are projected to be ages 16-24.

## 2015 Milwaukee County Department of Child Support Services NPFF

training resources they need to be ready for career-path employment. MAWIB will leverage WIOA resources to provide, through MAWIB's two Comprehensive American Job Centers, training that leads to industry-recognized credentials and workforce activities that lead to employment. **These services will be provided with \$92,138 in grant funds per year (\$460,690 over 5 years), as well as an estimated \$20,000 per year in leveraged resources as funding is available.**

**WI Department of Children and Families (DCF)** through funding to UMOS and to MAWIB, will prioritize project participants for Transitional Jobs slots. In addition, the DCF Bureau of Milwaukee Child Welfare (BMCW) will refer noncustodial fathers of mother-headed families reported to BMCW for alleged child/abuse/neglect. BMCW will also provide training on the project child maltreatment protocol (which it helped develop for CSS current Responsible Fatherhood project), to include screening techniques and mandatory reporting requirements. **DCF will provide these services at no charge to the grant. On condition of continued legislative authorization of funding at the current level, the value of the Transitional Jobs leverage resource for approximately 150 participants annually (750 total over 5-years) working full-time over a 6-month period is estimated to be \$1,131,000 annually, (\$5,655,000 over 5-years).**

**ResCare**, the nation's largest one-stop workforce contractor, administers the Food Share Employment and Training (FSET) program in Milwaukee County. In order to be eligible for FSET benefits, individuals must be enrolled in the Food Share (formerly Food Stamp) program. A large majority of the FSET population are able-bodied adults without dependent children (ABAWDs), 18-49 years of age; a population that significantly overlaps with the NPFF target population of low-income fathers. ResCare has a contract with MAWIB to fund the equivalent of WIA/WIOA training slots. The current contract includes slots for specific training to support career pathways for two MAWIB-designated demand sectors, Manufacturing and Construction. In addition, NPFF participants enrolled in Food Share will be eligible for additional FSET services including job readiness ("soft skills") workshops; ResCare Academy: online training platform that offers more than 4,000 courses, which can be used for GED preparation and credential-earned training in more than 100 industries; Supportive services related to employment such as bus tickets; mileage reimbursement; work clothing, uniforms, boots; and fees for occupation-related tests.

**The value of leveraged resources for a projected 20 participants per year is estimated to be \$40,000 (\$200,000 over the course of the 5-year project), on condition of available resources.**

**The Alma Center (Alma)** specializes in working with men to provide trauma-informed healing, education, supportive services and a positive peer community promoting lifestyle transformation for participants who have been perpetrators of violence, abuse and control in their intimate and family relationships. Alma has an expert team with collectively more than 100 years of experience in the domestic violence field. Alma will provide staff training that will focus on how to screen for Adverse Childhood Experiences and adult trauma symptoms and how to refer to community resources (not ACF-funded). As needed they will offer presentations on childhood trauma, adult trauma symptoms (core wounds) and strategies and services to improve their coping mechanisms to avoid destructive behaviors. Alma will also provide trainings for project and partner staff on the administration of trauma screening tools that can be used with men and women who are either victims of domestic violence or perpetrators. Alma, based on need, may facilitate ongoing trainings for staff and participants in the areas of Trauma Identification/ Awareness, Trauma Resolution, Emotional Wellness and Domestic Violence. Alma also will refer individuals to Project Full Implementation Partners from the intake unit that ALMA operates for Milwaukee County's Domestic Violence Court (DVC). Alma will accept referrals to their domestic violence programs for

## 2015 Milwaukee County Department of Child Support Services NPFF

men. **These services will be provided with \$10,000 per year (\$50,000 over 5 years) in grant funds and an estimated \$18,250 per year in leveraged resources (\$91,250 over 5 years).**

**Wisconsin Regional Training Partnership (WRTP)**, a nationally recognized workforce development intermediary that operates industry-led strategies and programs in the manufacturing and construction sectors. For this project, utilizing its intermediary role, WRTP will partner with CSS and CA to identify appropriate NPFF participants for enrollment into sector-based pre-employment training and apprenticeship readiness connected to employment opportunities/ placement of up to 25 individuals in manufacturing and construction jobs with a pay range of \$12-\$26 per hour. In addition, WRTP will host an IRFP delivered by CA for fathers receiving the grant-funded WRTP services. **These services will be compensated on a fee-for service basis with a budgeted amount of up to \$25,000 in grant funds on an annual basis, \$125,000 for the 5 years, as well as an estimated \$10,000 per year in leveraged resources (\$50,000 over 5 years).**

**Northcott Neighborhood House** will provide sector-based training in construction and home rehabilitation for 25 participants and will assist in placing all into full-time employment, half (13) of who will be retained in their jobs for at least 90 days. In addition, Northcott will host an IRFP delivered by Next Door Foundation for fathers receiving the grant-funded Northcott services. **These services will be compensated on a fee-for service basis with a budgeted amount of up to \$25,000 in grant funds on an annual basis, \$125,000 for the 5 years.**

**Social Development Commission (SDC)** will offer participants an array of Education and Training programs to include GED/HSED; Skills Enhancement Program for adults who work at least 20-hours per week and are looking to gain a certification/license which will lead to better employment; Career Enhancement and Employment Services offers young adults training that provides them with credentials, marketable skills, soft skills training and hands-on work experiences; Assessments and Diagnostic Testing including TABE, Career Locker (career interests) and *Accuplacer* (connect students to career pathways-linked short term training programs, and entrance to degree programs offered at MATC; Volunteer Income Tax Assistance: free assistance with income tax preparation with an emphasis on tax credits; Financial Capability combines financial education, one-on-one coaching, and access to financial products to provide clients with the knowledge they need to better manage their income so they can build assets and become more self-sufficient.

**These services will be compensated on a fee-for service basis with a budgeted amount of up to \$25,000 in grant funds on an annual basis, \$125,000 for the 5 years.**

**Centro Legal (CL)** will provide legal education/support services (as allowable under ACF regulations) to individual participants (based on assessed need) including information about (1) family law issues such as child custody and placement, child support, divorce, spousal support, and restraining orders; (2) family court processes and procedures; and (3) resources available at the courthouse and guidelines for navigating the courthouse. CL will also provide referrals for additional legal help outside the permitted scope of ACF funding. If the individual is eligible for such services funded by leveraged CL sources, CL will provide them. In addition, CL will provide *Family Law 101* classes within the IRFPs of all FIPs. The class will cover such topics as (1) common family law issues and terminology, including child custody and placement, child support, divorce, spousal support, and restraining orders; (2) family court processes/procedures, (3), explanation of court documents; (4) expectations of judges, court commissioners, and guardian ad litem; (5) types of remedies available (and not available) through litigation; (6) common myths and misconceptions; and (7) advice for avoiding future legal problems. **These services will be provided with \$50,000 per year in grant funds, (\$250,000 over 5 years), with an estimated \$7,000 per**

## 2015 Milwaukee County Department of Child Support Services NPFF

**year (\$35,000) in leveraged resources underwriting additional legal services not available through the grant.**

### **ADDITIONAL SUPPORT SERVICES PARTNERS**

**Milwaukee County Behavioral Health Division Community Access to Recovery Services (BHD CARS)** agrees to provide, for eligible uninsured participants:

1. **Substance Abuse Treatment Services** (within the limits of available funding, and as indicated by –the comprehensive screen) through the County's public sector services delivery system including:
  - Central Intake using standardized assessment to assure an appropriate substance abuse treatment level of care for individuals who qualify for funding.
  - A Recovery Support Coordinator, if deemed appropriate, to coordinate services.
  - Referral and authorization of payment vouchers to the BHD Provider Network.
  - Services provided to uninsured participants as indicated by assessment include 12 levels of clinical care and Recovery Support Services to foster success in treatment.
2. **Mental Health Services** (within the limits of available funding, and as indicated by each participant's assessment) through a continuum of care that includes Group Home Placements, Community Support Program, Comprehensive Community Services, Targeted Case Management, Day Treatment, and Outpatient Services.

**These leveraged services will be provided at no charge to the grant.**

**Center for Veterans Issues** will offer support services to veteran fathers: CSS-funded Children First employment services for noncustodial parents seeking to fulfill child support obligations; housing and rental assistance; peer support; transportation;; preparation, presentation, and prosecution of VA benefit claims. **The value of leveraged resources for a projected 10 veterans per year is estimated to be \$10,000 (\$50,000 over the course of the 5-year project).**

**Penfield Children's Center** will provide screening and diagnostic assessments for children ages Birth to Three; as well as therapies for eligible children who are identified as needing these services. **The estimated value of these leveraged resources for a projected 15 children annually will total approximately \$45,000 (\$225,000 over the five year grant period).**

**4-C for Children** will offer Child Care Resource and Referral services including customized searches for regulated child care programs via a database consisting of over 3,600 regulated child care programs to include. 4C tracks extensive data to provide customized searches based on the individual needs of each family. **The value of these leveraged resources are estimated to be approximately \$4,800 per year, \$24,000 over the five-year grant period.**

**Housing Authority of the City of Milwaukee (HACM)** will accept referrals for housing and potential placement from eligible applicants, pending an open wait list and acceptance based upon HACM's eligibility and suitability criteria. These housing resources could include a public housing apartment, Housing Choice Voucher, or a market-rate apartment. **These leveraged resources, for an estimated 15 units per year (75 over the 5-year project), will total approximately \$50,000 on an annual basis, \$250,000 for the 5-year grant period.**

**Wisconsin Community Services (WCS)**, will provide 2 driver's license recovery services: 1) assess the license status of fathers and 2) provide driver's license recovery services, in order to enhance their value to employers. **These services will be compensated on a fee-for service basis with a budgeted amount of up to \$25,000 in grant funds per year, \$125,000 over 5 years.**

## 2015 Milwaukee County Department of Child Support Services NPFF

**Covering Kids & Families Wisconsin (CKF)**, assuming continuing availability of CKF's current level of funding, provide Affordable Care Act (ACA) technical assistance and training to project staff. The training will cover 1) how to help their participants access health insurance through Medicaid or through the ACA Healthcare Marketplace and 2) how project staff can become Certified Application Counselors (CACs). As convener of the Milwaukee Enrollment Network (MKEN), CKF will add project staff to the MKEN list serve and upon project partner agencies becoming CAC organizations, she will facilitate publication of such in the Milwaukee Enrollment Directory. In addition, CKF will offer its own Navigator services directly to participants to enroll them in health insurance plans. **These services will be provided to the project as a leveraged resource, the value of which is estimated to be \$1,596 /year, \$7,980 over 5 years.**

**Milwaukee County House of Correction (HOC)** maintains and ensures a safe and secure environment that consists of correctional programs to rehabilitate and re-introduce our citizens back into the Milwaukee County. HOC commits to continuing to allow the Milwaukee Father's Initiative and My Father's House to provide Responsible Fatherhood programming to individuals incarcerated at HOC. HOC agrees to the following project responsibilities:

- Refer appropriate offenders returning to the Milwaukee area to the project.
- Provide space for delivery of project services.
- Provide security training and clearance for project staff that will provide services with HOC.
- Ensure security staff are available to ensure the safety of MAWIB funded staff and individuals enrolled in the program.
- Assure access for project educators /case managers to the HOC facility and to participants for purposes of transition plan development and instruction of relationship and parenting curricula;
- Delivery of existing rehabilitative services offered at the HOC including Onsite American Job Center operated at HOC by MAWIB through new DOL grant to begin July 2015.
- Allow CSS staff to administer participants an ACF-required performance assessment pre-test via an audio-computer assisted self-interview, on a tablet linked directly to the nFORM system.

**The value of these leveraged resources is estimated to be \$65,287 on an annual basis, \$ 326,435 over the five years of the grant program.**

**Milwaukee Area Technical College (MATC)** will work with project staff to connect participants to academic and training programs leading to employment in high-demand fields through their offerings for individuals at various levels of academic preparedness and job readiness:

1) Pre-College: I-BEST (Integrated Basic Education and Skills Training) program, which provides pathways to career opportunities by providing both basic academic (including Adult Basic Education and GED) "soft" employment skills, and occupational skills training. 2) Certificate Programs: 32 offerings; 3) Technical Diplomas: 54 offerings; 4) Associate Degrees: 86 offerings. Federal financial aid is available for individuals who enroll in our Associate Degree programs. Financial support is available for MATC programs to anyone eligible for food stamps through the WI Food-Shares Employment and Training FSET program. For those not eligible for food stamps, expenses will be supported by state grants received by MATC, based on financial need. **The value of these services for an estimated 75 participants per year at various levels of educational programs attending part-time is estimated to be \$157,500, and \$787,500 over 5 years.**

**Aurora Family Services (AFS)** will offer fathers and their partners couples (also individual & family, as indicated) therapy to help them with their relationships. AFS, which has been involved in the local Fatherhood movement since 2001, specializes in marital & family therapy. AFS will accept Medicaid and other insurance payments, and has United Way funding to serve those without

## 2015 Milwaukee County Department of Child Support Services NPFF

insurance. They will help any uninsured participants to sign up for coverage through Medicaid or the Healthcare Marketplace. **These leveraged services will be provided at no charge to the grant.**

**CURRICULUM DEVELOPERS/TRAINERS**

**Marline Pearson, M.A.**, a HM curriculum developer & trainer for 17 years, will provide two-day onsite trainings for each of the *Within My Reach* (lead author) and *Walking the Line* curricula. She has approved the curricula adaptations as described in the proposal as they retain the core components, and confirms the curricula is appropriate for use with the target populations of low-income fathers (including younger fathers) and incarcerated fathers, is culturally appropriate for mostly African American fathers in urban setting, and ensures the curricula support program goals and outcomes. The training and technical assistance will be provided for a total cost of \$7,000.

**Jeffrey Johnson, Ph.D., President/CEO, National Partnership for Community Leadership**, will provide a 3-day onsite training for the *Fatherhood Development* curriculum. Dr. Johnson confirms the curriculum is appropriate for use with the target populations of low-income fathers (including younger fathers) and incarcerated fathers, is culturally appropriate for mostly African American fathers in urban Milwaukee, and ensures that the curriculum supports program goals and outcomes. The training and technical assistance will be provided for a total cost of \$8,500.

**STATEMENT OF ASSURANCES**

CSS and all subcontractors and partners commit to adhere to all FOA (HHS-2015-ACF-OFA-FK-0993) requirements. All signatories commit to providing these services over the full 5-year term of the grant. The project partners provide the following **ASSURANCES REQUIRED BY THE FOA**:

1. We ensure participation in the program is **voluntary** and will inform potential participants verbally and in writing, as part of the enrollment process, that their involvement is voluntary.
2. We commit to the following restrictions on the **Use of Funds**: We will not use grant funds:
  - for any purposes other than the activities specified in the authorizing legislation and this FOA;
  - for any unallowable activity. We will consider in our use of funds if a cost is allowable, reasonable, allocable, and necessary;
  - for unauthorized activities, including, but not limited to, an Abstinence Educ. program;
  - to provide any activities on a fee-for-service basis; and
  - to subsidize housing, provide housing vouchers or rental assistance.
3. We commit to the following re: **Data and Local Evaluation**: We will:
  - document, store, and report on performance using the full set of uniform measures to be provided by ACF; and
  - conduct a local evaluation as described in the CSS application.
4. We commit to the following re: **Federal Evaluation**: We will:
  - accept, and fully participate in all aspects of, the federal evaluation if selected,
  - and adhere to all evaluation protocols established by ACF and conducted by its designee contractors;

We understand that:

- the federal government may incorporate the local evaluation into the federal evaluation;
- the federal government may waive the local evaluation requirement; or
- the local evaluation may continue in parallel to the federal evaluations; and

All parties to this agreement agree to comply with the federal evaluation award condition.

## 2015 Milwaukee County Department of Child Support Services NPFF

5. **Non-Supplantation.** We will ensure that any award of Federal funds under this FOA will not supplant other Federal, State, or local funds, which otherwise have been made available. The ACF funds will be used to supplement current funding available to CSS, not supplant it. CSS records will document an increase in level of services in proportion to the amount of grant funding. CSS will also include language in subcontracts requiring that any ACF funds will not supplant other Federal, State, or local funds, which otherwise have been made available for Fatherhood activities. Subcontracts will further state that activities to be funded by the ACF grant must be offered in addition to, not in place of, activities funded by other sources. CSS will monitor for compliance through annual review of subcontractors' financial records.

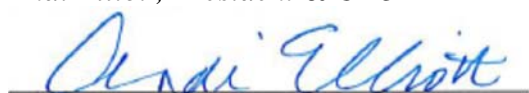
We, the undersigned agree, on June 30, 2015, to these stated commitments and assurances:

**Milw. County Child Support Enforcement**

*Jim Sullivan, Director*


**Community Advocates, Inc.**

*Andi Elliot, President & CEO*


**Milwaukee Fatherhood Initiative**

*Sharon Robinson, Director, City of Milwaukee Department of Administration*


**Next Door Foundation**

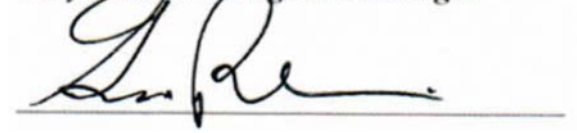
*Carol Keintz, Executive Director*


**Milw. Area Workforce Investment Board**

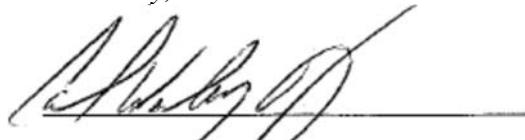
*Earl Buford, President and CEO*


**ResCare, Inc.**

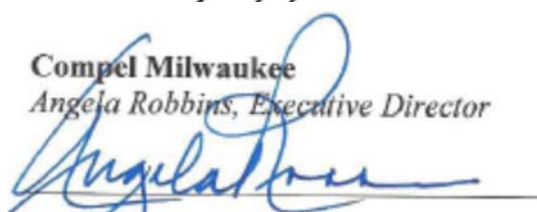
*Gary Rudzianis, Regional Manager*


**Center for Self-Sufficiency, Inc.**

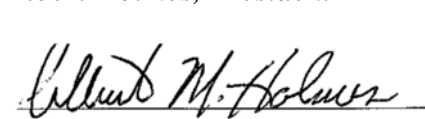
*Carl Wesley, President and CEO*


**Compel Milwaukee**

*Angela Robbins, Executive Director*


**My Father's House, Inc.**

*Albert Holmes, President*


**UMOS, Inc.**

*Lupe Martinez, President & CEO*


**WI Department of Children & Families**

*Ron Hunt, Deputy Secretary*

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Ron Hunt  
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**The Alma Center**

*Terri Strodthoff, Executive Director*



## Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description

<b>Exhibit B</b>						
<b>Budget details the resources required to deliver Integrated Responsible Fatherhood Program (IRFP) for 4,062 fathers over 5 years</b>						
<i>All personnel positions are 12-month unless otherwise noted</i>						
<b>Line Item</b>	<b>Description</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>PERSONNEL</b>	See Key Staff Table (p. XX), Resumes and Job Descriptions (p. XX) for open positions for additional detail. Most staff for this project are assigned to the current PRF grant ending 9/30/2015 and will transition to the new project 10/1/2015.					
Auth Org. Rep Jim Sullivan	.12 FTE x \$119,533 - Auth. Org. Rep. (AOR) provides executive leadership, direction, oversight of project.	14,344	14,344	14,344	14,344	14,344
Project Director - Jetaunne Richardson	.52 FTE x \$77,437: Point of Contact. Responsible for day-to-day management including contract development/compliance	40,267	40,267	40,267	40,267	40,267
Alt Disp Res Prog. Coord: K. Murphy	.25 FTE x \$81,012 - Alternative dispute resolution for case participants and recruitment when applicable.	20,253	20,253	20,253	20,253	20,253
Proj. Fiscal Dir. - Agnes Marcinowski	.2 FTE x \$81,095: Fiscal oversight of project. Compliance with grant fiscal requirements/reporting.	16,219	16,219	16,219	16,219	16,219
Admin. Assistant - Lynn Kaufmann	.4 FTE x \$40,565: Assist Project Director with day-to-day activities and partner activities/payments.	16,226	16,226	16,226	16,226	16,226
Outreach Coord - Keith Parris	.8 FTE x \$52,938: Conduct Child Support 101; case review and recruitment when applicable.	42,350	42,350	42,350	42,350	42,350
Child Sup/Case Rev Coord L. Malzewski	.8 FTE x \$52,938: Child Support case review and modification. Recruitment when applicable.	42,350	42,350	42,350	42,350	42,350
Child Sup. Paralegal - April Williams	.9 FTE x \$52,937: Child Support case review modification. Recruitment when applicable.	47,643	47,643	47,643	47,643	47,643
Fiscal Coordinator - J. Ritzow	.2 FTE x \$51,120: Assist Project Fiscal Dir with coordination of accounts payable & statistical data for partners.	10,242	10,242	10,242	10,242	10,242
	<b>Personnel Total</b>	<b>249,894</b>	<b>249,894</b>	<b>249,894</b>	<b>249,894</b>	<b>249,894</b>
<b>FRINGE BENEFITS</b>						
Fringe benefits	45.47% of salaries	113,627	113,627	113,627	113,627	113,627
	<b>Fringe Benefits Total</b>	<b>113,627</b>	<b>113,627</b>	<b>113,627</b>	<b>113,627</b>	<b>113,627</b>
<b>TRAVEL</b>						
Entrance Conf-Yr. 1 (5 staff)	(3 days projected). Cost per staff, \$350 air, \$800 hotel, \$300 per diem \$100 ground transportation, \$1,550 per person.	7,750				
Biennial Meetings - Yrs 2 & 4 (3 staff)	(3 days projected). Cost per staff, \$350 air, \$800 hotel, \$300 per diem \$100 ground transportation, \$1,550/person.		4,650		4,650	

## Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description

Line Item	Description	Year 1	Year 2	Year 3	Year 4	Year 5
Regional Meetings - Yrs 3 & 5 (3 staff)	(3 days projected). Cost per staff, \$350 air, \$800 hotel, \$300 per diem \$100 ground transportation, \$1,550 per person.			7,750		7,750
Conference Travel (for Proj Director)	NPCL Annual Fatherhood Conf: <u>Reg: \$225</u> <u>Hotel: 3 nights x \$200 = \$600; Air: \$350 Per Diem: \$75 x 3 days = \$225.</u>		1,400		1,400	
	<b>Travel Total</b>	<b>7,750</b>	<b>6,050</b>	<b>7,750</b>	<b>6,050</b>	<b>7,750</b>
<b>SUPPLIES</b>						
Computers	5 /tablets x \$250 for use by PMA for pre-post survey; Years 2-5 are replacements in case FIP tablets malfunction	1,250	1,250	1,250	1,250	1,250
Staff supplies	Average annual cost (\$300 per FTE) for 5 FTE	1,500	1,500	1,500	1,500	1,500
Printing	Program related forms and printed materials: \$733 x 12 mos	8,779	8,779	8,779	8,779	8,779
	<b>Supplies Total</b>	<b>11,529</b>	<b>11,529</b>	<b>11,529</b>	<b>11,529</b>	<b>11,529</b>
<b>OTHER</b>						
Phone	land line phone and cell phone for 5 FTE x \$400	2,000	2,000	2,000	2,000	2,000
Marketing	Ads in local publications, brochures flyers, and promotional items. Radio advertising and Bus wraps/ ads.	5,000	15,100	12,000	15,100	12,000
Postage	12 mos x \$ 83.33 for prog mailings, partner contracts, etc.	1,000	1,000	1,000	1,000	1,000
Local travel	350 Miles @ \$0.575	200	200	200	200	200
Training	<i>Fath. Dev</i> by author, J. Johnson, Ph.D: fee & travel, 3 days	8,500				
Training	<i>Within My Reach</i> , by author, M. Perason: fee & travel 2 days	3,500				
Training	<i>Walking the Line</i> , by author, M. Perason: fee/travel 2 days	3,500				
Training	Case Management (Trainer fee & travel costs, 2 days)	4,362				
Training	Additional partner training and technical assistance per identified need, procured by RFP, not to exceed \$1,000 per training day plus materials, travel expenses.		\$ 3,462	\$ 4,862	\$ 3,462	\$ 4,862
	<b>Other Total</b>	<b>28,062</b>	<b>21,762</b>	<b>20,062</b>	<b>21,762</b>	<b>20,062</b>
<b>CONTRACTUAL</b>						
Perf. Measurement Analyst (New) 40 hrs/wk.	FT employee contracted by CSS from staffing company located onsite FT at CSS. Oversees MNPPF prog implem. systs. Ensures Ed/CMs are trained & coached concerning prog fidelity & effectiveness. Requests, disseminates, processes pre/post surveys.	37,000	45,000	45,000	45,000	45,000

## Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description

Line Item	Description	Year 1	Year 2	Year 3	Year 4	Year 5
FULL IMPLEMENTATION PARTNERS (FIP): Each FIP will deliver an Integrated Responsible Fatherhood Program (IRFP) using an integrated cohort program model that covers and integrates each of the Responsible Fatherhood (RF) activity areas: 1) RP, 2) ES, and 3) HM. The FIP will also provide individualized case management, to include coaching the participant on strategies to achieve his goals as outlined in his Integrated Services Plan. During the Planning Period, FIP activities will include: develop internal policies and procedures for FIP project implementation; develop handbooks for participants; hire and train staff on agency orientation/policies/procedures; finalize program content and schedules; organize logistics; conduct outreach, recruitment; visit referral and implementations sites to develop protocols, processes, and linkages with partners; recruit additional sites/sources that work with young fathers; attend all-partner trainings; confirm curriculum outline with author's approval, particularly any adaptations; undergo curriculum training; rehearse/practice integrated program; have staff trained on program performance assessment and impact evaluation; purchase tablets and have staff undergo training on administration of pre-post tests and use of nForm.						
<b>Cntr for Self-Suff.</b>	CFSS will deliver an IRFP to 532 low-income fathers over 5 yrs; 32 in Year 1, and 125 for each of Years 2-5					
Project Coordinator	(.1 FTE x \$86,000) Provide oversight of the project to ensure fidelity to the model & that objectives and outcomes are met	8,600	8,600	8,600	8,600	8,600
Educator/Case Manager (Ed/CM)	(.25 FTE x \$44,000, 6 mos Year 1; .45, 12 mos, Yr 2). Case management, coaching & RF curric	5,500	9,900	9,900	9,900	9,900
Educator/Case Manager (Ed/CM)	(.25 FTE x \$47,000, 6 mos Yr 1; .25, 12 mos, Yr 2). Case management, coaching & RF curricula	5,875	11,750	11,750	11,750	11,750
Bus. Service Rep	(0.25 FTE x \$45,000, 6 mos Year 1; 12 mos, Year 2). Provide employment services	5,625	11,250	11,250	11,250	11,250
Fringe Benefits	35% of salaries	8,960	14,525	14,525	14,525	14,525
Tablets	40 Lenovo Tab 2 A10 10 inch 16GB Tablets @ \$199.99, \$7,999.60 for pre-posttests	8,000				
Curriculum Materials	<i>Within My Reach</i> workbooks for 550 participants @ \$9 each, \$6,300 + 10% shipping	5,445				
Program Supplies	Program Supplies for HR, RP curric & employment assessments. 530 participants @ \$25	13,250				
Transportation	1 month bus pass for 177 participants @ \$64	11,328				
Incentives	Completion incentives consistent with fed. cost principles. \$25 for 240 participants	6,000				
Training	Employment (Construction) Trng: 14 participants @ \$2,350		32,900	32,900	32,900	32,900
Mark Adashun	Accounting Services for contract, 10 hours x 6 months x \$75 hr, \$4500	4,500				
Affirm Marketing	Develop of Fatherhood Prog Recruitment Flyer, 15 hrs @ \$100 per hour	1,500				

**Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description**

Line Item	Description	Year 1	Year 2	Year 3	Year 4	Year 5
Occupancy	Facility space: cubicle for 1.10 FTE, \$350 x 6 months, \$2310. Includes utilities, phone, copier	2,310				
Audit	Allocation of agency audit (1.10 FTE of 29 FTE x \$9,955	378				
IT Services	Swick Technologies. 1.10 FTE x \$117) x 6 mos	772				
Local travel	Yr 1: 151 mi x .50 x 6 mos; Yr 2: 194 mi x .50 x 12 mos	453	1,164	1,164	1,164	1,164
Indirect Costs	Yr 1: 13.0% of Direct; Yr 2: 11.001%. CFSS has 42% FICR	11,504	9,911	9,911	9,911	9,911
	<b>Center for Self-Sufficiency:</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>
<b>Com. Advocates</b>	Com. Advocates will deliver an IRFP to <b>532</b> fathers over 5 yrs ; <b>32</b> in Yr 1, <b>125</b> for each of Yrs 2-5.					
Ed/CM	1.0 FTE x \$45,000, 6 mos Year 1; ,45, 12 mos, Yr 2. Case management, coaching & RF curricula	45,000	45,000	45,000	45,000	45,000
Ed/CM	.5 FTE x \$36,000, Duties same as above	18,000	18,000	18,000	18,000	18,000
Fringe Benefits	21% of salaries	13,230	13,230	13,230	13,230	13,230
Off/Prog supplies	1.5 FTE x 12 months @ \$133.33/month.	2,400	2,400	2,400	2,400	2,400
Summit supplies	Food & meeting supplies for Parent Education summits: \$150 x 2 sessions x 6 mos	1,800	1,800	1,800	1,800	1,800
Tablets	Four Samsung tablets at \$250 for pre/post testing	1,000				
Group Facilitation	2 parent ed. summit sessions x 6 mos x 4 facilitators x \$150	7,200	7,200	7,200	7,200	7,200
Local travel	6 mos x \$200 x .575/mile	690	690	690	690	690
Occupancy	facility costs x 1.5 FTE @ \$667/mo. x 12 mos.	12,000	12,000	12,000	12,000	12,000
Telephone/IT	Landline/cell phone, internet: 1.5 FTE x \$120/mo.	2,160	2,160	2,160	2,160	2,160
Equip Lease/Maint	Server, copier/scanner/fax @ \$150 x 12 mos	1,800	1,800	1,800	1,800	1,800
Printing & Postage	Prog materials/participant mailings \$83 x 12 mos.	1,000	1,000	1,000	1,000	1,000
Incentives	63 (Yr 1) 25 (Yr. 2) fathers x \$30 for achieving milestones. Incentives used will be consistent with fed. cost principles	1,900	2,900	2,900	2,900	2,900
Employment Supports	Transportation fees, work uniforms, gas cards, bus tickets, tools/equipment, etc.	3,320	3,320	3,320	3,320	3,320
Indirect Costs	21.4% of wages. CA has FICRA with a rate of 25.0%	13,500	13,500	13,500	13,500	13,500
	<b>Community Advocates Total:</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>
<b>Compel Milwaukee</b>	Compel will deliver an IRFP to <b>532</b> fathers over 5 yrs; <b>32</b> in Year 1; <b>125</b> for each of Years 2-5.					
Project Coordinator	0.5 FTE x \$50,000. Oversee Compel proj role	25,000	25,000	25,000	25,000	25,000
Fatherhood Coord	0.5 FTE x \$50,000. Manage proj; deliver services	25,000	25,000	25,000	25,000	25,000
Admin Assistant	0.25 FTE x \$27,000 Admin support for project	6,750	6,750	6,750	6,750	6,750
Fringe Benefits	15.7% of salaries	8,901	8,901	8,901	8,901	8,901

## Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description

Line Item	Description	Year 1	Year 2	Year 3	Year 4	Year 5
Conference Travel (1 staff)	NPCL Annual Fatherhood Conference. <u>Hotel</u> : 3 nights @ \$175/night = \$525; <u>Air</u> : \$400 <u>Meals</u> : \$60 x 3 days = \$180; <u>Ground transport</u> : \$50.	1,155				
Office Supplies	1.3 FTE x 12 mos x \$50/mo	780	780	780	780	780
Tablets	15 iPads @ \$247	3,705				
Curriculum materials	125 workbooks @ \$8 for <i>Inside Out Dad</i>	1,000	1,000	1,000	1,000	1,000
Curriculum	125 workbooks @ \$10 and \$300 (Yr 1) for instructor manual for <i>Walking the Line</i>	1,550	1,250	1,250	1,250	1,250
Accountant/TBA	Bookkeeping services (12 mos. @ \$860)	10,320	10,320	10,320	10,320	10,320
Case Manager	(24 wks, Yr 1, 48 wks, Yr 2) x 20 hrs x \$20. Case manag. & coaching	9,600	19,200	19,200	19,200	19,200
Educators	Compel has 8 contracted educators experienced in delivering RF curricula who only charge Compel for instruction time, not for prep. <u>Yr 1</u> : 4 Cohorts x 46 hours x \$35 = \$6,440. <u>Walking the Line training</u> : 4 educators x 16 hrs x \$35 = \$2,240. <u>Case management training</u> : 7 educators x 16 hrs x \$35 = \$3,920. Both trainings will be funded by CSS. The preceding costs are to pay the facilitators for their attendance. <u>Yr. 2</u> : 5 Cohorts x 46 hours x \$35 = \$8050	12,600	8,050	8,050	8,050	8,050
Insurance	Liability Insurance	500	500	500	500	500
Postage	Program mailings. \$12.50/month x 12 months	150	150	150	150	150
Printing	Curriculum., market., training, etc. materials \$112/mo x 12 mos; <u>Yr 2</u> : \$121/mo	1,339	1,449	1,449	1,449	1,449
Bus Passes	Participant travel to/from program \$50 x 12 mos	300	300	300	300	300
Background Chks	Annually for 8 contracted educators x \$18.75	150	150	150	150	150
Rent & Utilities	Allocation for facility costs @ \$1,200 x 12 mos	14,400	14,400	14,400	14,400	14,400
IT	Phone, Fax, internet, website maint:12 mo x \$150	1,800	1,800	1,800	1,800	1,800
	<b>COMPEL Total:</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>
<b>MFI</b>	MFI will deliver an IRFP to <b>340</b> fathers over 5 years; <b>20</b> in Year 1; <b>80</b> for each of Years 2-5.					
Proj Coord/Ed/CM	(.5 FTE x \$47,022, 6 mos Year 1; 12 mos, Year 2). Oversee MFI proj role; Provide case manag., coaching; RF curricula	23,511	23,511	23,511	23,511	23,511
Ed/CM	(.5 FTE x \$47,022, 12 mos, Yrs 2-5). Provide case management, coaching and RF curricula	-	23,511	23,511	23,511	23,511
Fringe Benefits	45% of salaries	10,580	21,160	21,160	21,160	21,160

## Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description

Line Item	Description	Year 1	Year 2	Year 3	Year 4	Year 5
Tablets	For pre-post tests. 20 @ \$250 = \$5,000	5,000	-	-	-	-
Curriculum Materials	<i>Walking the Line/Within My Reach</i> manuals for 5-year grant @ \$10 each x 340 students = \$3,400 + 1 instructor kit \$300	3,700	-	-	-	-
Curriculum Materials	<i>Nurturing Fathers Program</i> manuals for the 5-year grant period @ \$650 each: 17 x 20 students/cohort = \$11,050	11,050	-	-	-	-
Ed/CM (Contract -Yr 1 only)	0.5 FTE @ \$41,808/12 x 7 mos: planning period activities plus program delivery post-planning period.	12,194	-	-	-	-
Training	<i>Nurturing Fathers Program</i> training (fee & travel costs)	2,147	-	-	-	-
Indirect Costs	10% of Direct Costs	6,818	6,818	6,818	6,818	6,818
<b>Milwaukee Fatherhood Initiative Total:</b>		<b>75,000</b>	<b>75,000</b>	<b>75,000</b>	<b>75,000</b>	<b>75,000</b>
<b>My Father's House Inc. (MFH)</b>	MFH will deliver an IRFP to <b>1,403</b> low-income fathers over 5 yrs; <b>83</b> in Year 1 (post-planning period) and an average of <b>330</b> for each of Years 2-5. MFH will also serve as the site for the Impact Local Evaluation.					
Project Coordinator	1 FTE x \$60,000. Oversee MFH project role	60,000	60,000	60,000	60,000	60,000
Program Supervisor	1 FTE x \$50,000. Oversee day-to day operations	50,000	50,000	50,000	50,000	50,000
Office Manager	0.8 FTE x \$33280. Admin support for project	26,624	26,624	26,624	26,624	26,624
Lead Ed/CM	1 FTE x \$35,360; Supervise Ed/CMs. Provide RF curric; case man/coaching	35,360	35,360	35,360	35,360	35,360
Ed/CM	1 FTE x \$33,280; same as above minus superv.	33,280	33,280	33,280	33,280	33,280
Ed/CM	1 FTE x \$34,320; duties same as above	34,320	34,320	34,320	34,320	34,320
Ed/CM	0.5 FTE x \$33,280; duties same as above	16,640	16,640	16,640	16,640	16,640
Fringe Benefits	9.1% of salaries	23,423	23,423	23,423	23,423	23,423
Local Travel (Mileage)	<u>Yr 1</u> : 6 staff x 105 miles/mos 12 mos. @ .57/mi (IRS rate) = \$4,309; <u>Yr 2</u> : 150 mi/mo. x .565/mi.	4,309	6,480	6,480	6,480	6,480
Conference Travel (3 staff)	NPCL Fatherhood Conf: <u>Hotel</u> : 3 x 3 nights x \$190=\$1710; <u>Air</u> : 3 x \$400 = \$1200 <u>Meals</u> : 3 x \$60 x 3 days = \$540; <u>Ground transportation</u> : 3 x \$50 = \$150.	3,600	3,600	3,600	3,600	3,600
Conference Travel (2 staff)	Natl Ass. for Rel & Marriage Ed. <u>Hotel</u> : 2 x 3 nights x \$190=\$1140; <u>Air</u> : 2 x \$400=\$800; <u>Meals</u> : 2 x \$60 x 3 days=\$360; <u>Ground Transportation</u> : 2 x \$50 = \$100	2,400	2,400	2,400	2,400	2,400
Office Supplies	6.3 FTE x \$75/mo./FTE x 12 months = \$5,670	5,670	5,670	5,670	5,670	5,670
Virus Protection	Subscription for 16 desktop/laptop computers (staff and onsite comp lab)	2,250	2,250	2,250	2,250	2,250
Maint. Supplies	Maint. and cleaning supplies for facility and grounds \$285.83 x 12 mos	3,430	3,430	3,430	3,430	3,430

## Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description

Line Item	Description	Year 1	Year 2	Year 3	Year 4	Year 5
Tablets	6 tablets @ \$250 for participant pre-posttests	1,500				
Accounting	The Perlson Group 12 months x \$583.33	7,000	7,000	7,000	7,000	7,000
Copier/Fax Machine	Lease @ 12 mos. x \$225.17 = \$2,702	2,702	2,702	2,702	2,702	2,702
Rent	Facility rental @ 12 months x \$3,667	44,000	44,000	44,000	44,000	44,000
Snow Removal	For agency parking lot. 8 times/yr. x \$100	800	800	800	800	800
Audit	Annual agency fiscal audit	8,000	8,000	8,000	8,000	8,000
Insurance	Liability insurance premium	1,800	1,800	1,800	1,800	1,800
Printing	Program materials, 12 mos x \$300; Yr. 2: 12 mos x \$250	3,600	3,000	3,000	3,000	3,000
Postage	Prog-related. \$86.83/mo (Yr 2: \$80.92) x 12 mos	1,042	971	971	971	971
Telephone	Phone/internet: staff & lab computers, 12 mos x \$500	6,000	6,000	6,000	6,000	6,000
IT services	12 months x \$187.50	2,250	2,250	2,250	2,250	2,250
<b>My Father's House Total:</b>		<b>380,000</b>	<b>380,000</b>	<b>380,000</b>	<b>380,000</b>	<b>380,000</b>
<b>Next Door Found.</b>	NDF will deliver an IRFP to <b>425</b> low-income fathers over 5 yrs; 25 in Year 1; 100 for each of Years 2-5					
Fatherhood Coordinator	(0.75 FTE) Oversee NDF's project functions. Provide case management, coaching and RF curricula	30,606	31,677	31,677	31,677	31,677
Ed/CM	(0.5 FTE) Provide case management, coaching; RF curricula	17,927	18,554	18,554	18,554	18,554
Data Analyst	Coordinates NDF role in perf. assessment & impact eval	8,306	12,891	12,891	12,891	12,891
Fringe Benefits	25% of salaries	14,210	15,781	15,781	15,781	15,781
Tablets & Cases	For pre- and posttests: 20 (Year 1) 3 (Years 2-5) @ \$450	9,000	1,350	1,350	1,350	1,350
Office supplies	\$150/mo., Year 1; \$100/mo x 12 mo, Year 2 x 12 months	1,800	1,200	1,200	1,200	1,200
Occupancy Costs	Rent, utilities, janitorial costs based on square ft. uses by proj staff. \$520/mo. (Yr. 1)/\$540/mo. (Yrs. 2-5) x 12 mos	6,240	6,480	6,480	6,480	6,480
Insurance	Program insurance based on square footage occupied by proj staff. \$65/mo. (Yr. 1), \$68/mo. (Yrs. 2-5) x 12 mos	780	816	816	816	816
Telephone/Internet	Phone/internet: \$75/mo. (Yr. 1), \$80/mo. (Yrs 2-5) x 12 mos	900	960	960	960	960
Postage	Costs for program mailings. \$25/mo. x 12 mos.	300	300	300	300	300
Printing/Copying	Prog materials & copying \$70/mo. (Yr. 1), \$85/mo. (Yrs 2-5) x 12 mos	840	900	900	900	900
Indirect Costs	10% of Direct Costs	9,091	9,091	9,091	9,091	9,091
<b>Next Door Foundation Total:</b>		<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>
<b>UMOS, Inc.</b>	UMOS will deliver an IRFP to <b>298</b> fathers over 5 yrs; 18 in Year 1; 70 for each of Years 2-5.					
Project Supervisor	(.14 FTE) Oversee UMOS' project functions.	7,480	7,480	7,480	7,480	7,480
Ed/CM	(.9 FTE) Provide case management, coaching, RF curricula	32,454	32,454	32,454	32,454	32,454
Fringe Benefits	40% of salaries	15,974	15,974	15,974	15,974	15,974

**Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description**

<b>Line Item</b>	<b>Description</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Conference	National Families and Fathers Conf. Feb.16-19, 2016: <u>registration</u> : \$365; <u>meals</u> : \$71 x 4 days = \$284; 2 x \$24 = \$48; <u>pkge flight &amp; room</u> = \$1,880	2,577	-	-	-	-
Participant Support	\$25.38 x 18 participants work related supports e.g., clothing, shoes, incentives (Yr. 1); \$31.63 x 70 participants (Yrs 2-5)	457	2,214	2,214	2,214	2,214
Laptop & case	For Case Manager/Educator	650				
Curriculum Materials	Participant Workbooks: \$9 x70 participants x 2 curricula ( <i>Fatherhood Development</i> and <i>Within My Reach</i> )	1,260	1,260	1,260	1,260	1,260
Bus Passes	Weekly bus passes @17.50 for 1 participant x week x 12 weeks (Yr. 1); 2 participants x 48 weeks (Yrs. 2-5)	210	1,680	1,680	1,680	1,680
Occupancy	\$630 per FTE./mo: 1.04 FTE x 12 mos (building, maintenance., utilities)	7,862	7,862	7,862	7,862	7,862
Host Services	\$260 per FTE./mo: 1.04 FTE x 12 mos (includes shared reception services)	3,245	3,245	3,245	3,245	3,245
IT	\$90/FTE/mo. x 1.04 FTE x 12 mos (internet, email, maint)	1,123	1,123	1,123	1,123	1,123
Common Office	\$250/FTE/mo. x 1.04 FTE x 12 mos (office supplies)	3,120	3,120	3,120	3,120	3,120
In-state travel	\$.575/mile x 1502 miles	864	864	864	864	864
Indirect	10% of Direct Costs	7,724	7,724	7,724	7,724	7,724
	<b>UMOS Total:</b>	<b>85,000</b>	<b>85,000</b>	<b>85,000</b>	<b>85,000</b>	<b>85,000</b>
<b>OTHER PARTNERS</b>						
<b>Alma Center</b>	Domestic Violence and Trauma Services Partner. DV services for participants will be provided through leveraged sources.					
DV Consultation	Quarterly Domestic Violence/Trauma-Informed staff training	10,000	10,000	10,000	10,000	10,000
	<b>Alma Center Total:</b>	<b>10,000</b>	<b>10,000</b>	<b>10,000</b>	<b>10,000</b>	<b>10,000</b>
<b>Centro Legal (CL)</b>	CL will provide legal support services to individual participants and Family Law 101 classes within the IRFPs of all FIPs.					
Legal Services	Family 101 workshop and individual legal support services	50,000	50,000	50,000	50,000	50,000
	<b>Centro Legal Total:</b>	<b>50,000</b>	<b>50,000</b>	<b>50,000</b>	<b>50,000</b>	<b>50,000</b>
<b>Milw Area Workf. Investment Board</b>	MAWIB will designate a MNPFF Career Pathways Coordinator (CPC) and a Business Services Coordinator (BSC) to provide support and technical assistance to the team of Case Managers within the MNPFF network of service providers.					
<b>Career Pathway Coordinator (CPC)</b>	(1.0 FTE) links each father with ed. & voc training to position him for chosen career pathway, programs and job.	55,000	55,000	55,000	55,000	55,000
<b>Business Services Coordinator (BSC)</b>	(.2 FTE) Relay employers' specific skills needs to CPC so training so aligns with needs; match fathers to job openings.	11,000	11,000	11,000	11,000	11,000
<b>Data Analyst-DA</b>	.05 FTE enters participant & employer data; prepares reports	2,250	2,250	2,250	2,250	2,250
<b>Fringe Benefits</b>	35% x salaries	23,888	23,888	23,888	23,888	23,888

## Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description

Line Item	Description	Year 1	Year 2	Year 3	Year 4	Year 5
	<b>MAWIB Total:</b>	<b>92,138</b>	<b>92,138</b>	<b>92,138</b>	<b>92,138</b>	<b>92,138</b>
<b>Northcott</b>	Pre-apprenticeship progjob placement in construction sector	25,000	25,000	25,000	25,000	25,000
	<b>Northcott Total:</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>
<b>Social Dev. Com.</b>	SDC will offer participants an array of Education and Training programs based on assessments					
Educational and Training Services	GED/HSED; job readiness; financial education; occupational training placement and job placement	25,000	25,000	25,000	25,000	25,000
	<b>Social Development Commission Total:</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>
<b>WI Com Services</b>	Driver license recovery services	25,000	25,000	25,000	25,000	25,000
	<b>Wisconsin Community Services Total:</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>
<b>WI Regional Train. Partnership</b>	Provide pre-apprenticeship education/training and placement of 25 individuals in manufacturing & construction trade jobs	25,000	25,000	25,000	25,000	25,000
	<b>WRTP Total:</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>
<b>LOCAL EVALUATOR - FUNDED ACTIVITIES EVALUATION PLAN - IMPACT EVALUATION</b>						
<b>AMTC and Associates</b>						
<b>Data System Specification</b> - Sr. Eval. Assoc. 200 hrs/yr (Yr 1), 150 hrs (Yr 2). Specify forms, policies, procedures for OFA perf. Meas. Syst. including nFORM.		20,000	15,000	-	-	-
<b>Data Monitoring and Analysis</b> - Senior Evaluation Associate Estimated 300 hrs/yr. Monitor and analyze data, create and review monthly and quarterly reports, recommend adjustments.		36,000	36,000	36,000	36,000	36,000
<b>Program Performance Evaluation Plan</b> -Angela Turner & Senior Evaluation Associate Estimated 270 hrs. (Yr. 1, 2 &5) & 200 (Yrs.3& 4) Plan incl. impl. research question(s) and data collection systems such as key informant interviews and focus groups. Annual updates to plan. Yr. 5 inc.to summarize Yrs 2-5. 305 hrs in year 5 for the final report.		33,721	33,722	25,000	25,000	33,722
<b>Follow-Up Training</b> - Senior Evaluation Associate & Evaluation Associate Estimated 70 hrs. yr. 1&2, 100 hrs yr. 3-5, Train staff on use of & nFORM procedures (webinar). Quarterly webinars planned to augment training provided by OFA.		7,000	7,000	10,000	10,000	10,000
<b>Fidelity Training Program:</b> Eval Associate 1 AMTC trainer to host annual perf measurement & progfidelity training for program staff. 60 hrs./yrs. 1-4; 40 yr. 5.		6,000	6,000	6,000	6,000	4,037
<b>Field Researcher:</b> AMTC Assoc Field Researcher will ensure: random assignment implemented w/fidelity, control group doesn't access treatment services, observe survey admin. at pre & post level. Conduct the 12 mo. post-survey . During the 24 mo recruitment phase will provide onsite observ & support at MFH.Contract:: 42 wks yr 1; 48 wks yrs 2-5. Includes supplies, mileage, office costs		84,000	96,000	96,000	96,000	96,000

## Milwaukee Department of Child Support Services New Pathways for Fathers and Families Budget Detail with Narrative Description

Line Item	Description	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Postage:</b>	For participant outreach Postage to remain in contact with participants during	-	1,626	582	582	659
<b>Participant Incentives:</b>	Participant for 12/mo. follow-up. 750 participants x \$59			22,125	22,125	
<b>Admin Costs:</b>	15% of AMTC total budget (PPE & Impact) to cover direct & indirect costs of proj oversight, accounting, facilities, office costs e.g., phones, computer purchase/repair, scanner, copier, paper, postage, insurance. Travel costs	26,915	28,402	28,043	28,043	26,457
<b>AMTC Total:</b>		<b>213,636</b>	<b>223,750</b>	<b>223,750</b>	<b>223,750</b>	<b>206,875</b>
<b>University of Wisconsin-Milwaukee (UWM)</b>						
<b>Development of Outcome Eval Plan-</b>	Dr. Cindy Walker and CORE Est. 300 hrs (Yr. 1) & 200 (Yrs. 2-5). The plan sufficiently describes the research question(s), research design, sample & sample size, and data collection (including measures).	45,000	30,000	30,000	30,000	30,000
<b>Oversight of Impact Evaluation Plan - UWM CORE Grad. Student Monitoring/</b>	oversight of the Eval Plan: Includes training data collectors, regularly reviewing submitted data to assess and swiftly address problems. Est. 200 hrs. annually.	20,000	20,000	20,000	20,000	20,000
<b>Funded Activities Evaluation Report - Dr. Cindy Walker and CORE.</b>	Annual local evaluation report, to include implementation aspects (from AMTC work), & process (AMTC) & outcome research questions & analyses of process and data to answer those questions. Est. 170 hrs annually (150, Yr. 1). 1st report produced in Yr. 2; however development work for that report will take place in Yr. 1.	18,750	21,250	21,250	21,250	38,125
<b>Use of Tools to Report on Outcomes - Surveys: Yr 1 - Dr. Cindy Walker and CORE</b>	and AMTC Yr. 1 only: Development of valid measurement instruments. Cost incl. preparing survey system, electronic, with valid measures & related implementation systems. Estimated 100 hrs., plus software costs for using electronic system. Yr. 1 cost of \$614 for start-up supplies.	12,614	-	-	-	-
<b>Use of Tools to Report on Outcomes - Surveys: Yrs. 2-5 - Dr. Walker, CORE &amp; AMTC</b>	Yrs. 2-5: Edits to psychometrically sound surveys via Ph.D. researcher. Implementation of electronic survey system to measure outcomes. Software for electronic system. Est. 160 hrs. in Yrs. 2-5.		15,000	15,000	15,000	15,000
<b>UWM Totals:</b>		96,364	86,250	86,250	86,250	103,125
<b>Total UWM &amp; AMTC Impact Local Evaluation</b>		<b>310,000</b>	<b>310,000</b>	<b>310,000</b>	<b>310,000</b>	<b>310,000</b>
<b>Total Direct Costs</b>		<b>2 million</b>	<b>2 million</b>	<b>2 million</b>	<b>2 million</b>	<b>2 million</b>
<b>TOTAL PROJECT COST</b>		<b>2 million</b>	<b>2 million</b>	<b>2 million</b>	<b>2 million</b>	<b>2 million</b>

## **DBE Participation Recommendation - Professional Services**

## COMMUNITY BUSINESS DEVELOPMENT PARTNERS

**DBE AVAILABILITY VERIFICATION BY SIC-NAICS CODE FOR CONSULTANT/SERVICE PROVIDERS**

**Department Contract Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project No.:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

**Contract Scope of Services:** \_\_\_\_\_

**Contracting Opportunities**  
**[Check all that apply – Please add if not listed]**

*	SIC CODE	NAICS CODE	DESCRIPTION	# of DBEs Available (CBDP use)
	8721	541211	Accounting - Certified Public Accountant Services	
	8721	541219	Accounting Services/Other	
	8721	541211	Accounting, Auditing and Bookkeeping	
	8741	541611	Administrative Management and General	
	7311	541810	Advertising Agencies	
	5999	448190	All Other Miscellaneous Store Retailers	
	8712	541310	Architectural Services	
	7532	811121	Automotive Body, Paint and Interior Repair	
	7349	561720	Building Cleaning and Maintenance Service/Janitorial Services	
	8748	541618	Business Consulting Services, NEC	
	8742	541611	Business Management Consulting Services	
	7217	561740	Carpet and Upholstery Cleaning Service	
	5169	422690	Chemicals and Allied Products NEC	
	8322	624110	Child and Youth Services	
	6411	524291	Claims Adjusting	
		561440	Collection Services	
	7336	541430	Commercial Art and Graphic Design / Graphic Design Services	
	5046	421440	Commercial Equipment / Other Commercial Equipment Wholesalers	
	7379	443120	Computer and Software Stores	
	7376	541513	Computer Facilities Management Services	
	7374	561410	Computer Process/Data Preparation and Processing	
	7373	541512	Computer Systems Design Services	
	7371	541511	Custom Computer Programming Services	
	5451	445299	Dairy Products	
	7381	561612	Detective, Guard, Armored Car Services	
	7331	541860	Direct Mail Advertising Services	
	5963	454390	Direct Selling Establishments	
	7338	514210	Document Editing Services	
		541340	Drafting Services	
	5813	722410	Drinking Places Alcoholic Beverages	
	5812	722213	Eating Places	
	8732	541910	Educational Research Commercial	
	7363	561320	Employment Agency/Temporary Help	
	8711	541330	Engineering Services	

		541620	Environmental Services	
	7359	532490	Equipment Rental and Leasing, NEC	
	8744	561210	Facilities Support Services	
	5992	453110	Florist	
	5812	722110	Full Service Restaurants	
	5021	442110	Furniture and Home Furnishings	
	7389	541360	Geophysical Surveying & Mapping Service	
	3231	327215	Glass Products made of Purchased Glass, Mirror - Manufacturing	
	7336	541430	Graphic Design Services	
	8099	621999	Health and Allied Services, NEC	
	5023	442210	Home Furnishings	
	8082	621610	Home Health Care Services	
	8322	624190	Individual and Family Social Services	
	8711	541420	Industrial Design Services	
	6411	524210	Insurance Agents, Brokers and Service	
		541410	Interior Designs Services	
	6411	561611	Investigation Services	
	6282	523930	Investment Advice	
	6211	523110	Investment Banking and Securities Dealings	
	0781	541320	Landscape Architectural Services	
	0781	541320	Landscape Counseling and Planning	
	8111	561110	Legal Services	
	4119	485999	Local Passenger Transportation, NEC	
	8742	541611	Management Consulting Services	
	8741	233320	Management Services, Construction Management	
	3999	339999	Manufacturing Industries, NEC	
	8748	541613	Marketing Consulting Services	
	5047	446199	Medical, Dental, and Hospital Equipment	
	5999	453998	Misc. Retail Stores, NEC	
	5699	453998	Miscellaneous Apparel & Accessory Stores	
	7812	512110	Motion Picture Production and Allied Services	
	3714	336399	Motor Vehicle Parts and Accessories	
	5013	441310	Motor Vehicle Supplies and New parts	
	7549	488410	Motor Vehicle Towing	
	2711	511110	Newspapers, Publishing & Printing	
	8742	541110	Office Administrative Services	
	5112	453210	Office Supplies and Stationery Stores	
	7379	514191	On-Line Information Services	
	8748	541618	Other Management Consulting Services	
	8399	813319	Other Social Advocacy Organizations	
	5172	424720	Petroleum and Petroleum Products	
		541922	Photographic Services	
	5049	453210	Professional Equipment and Supplies, NEC	
	8743	541820	Public Relations Agencies	
	4812	413330	Radio Telephone Communications	
	5461	722211	Retail Bakeries	
	6211	523120	Security Brokers and Dealers	
	7381	561612	Security Guards and Patrol Services	
	7382	561621	Security Systems Services	
	7251	812990	Shoe Repair Shops and Shoeshine parlors	
	4119	485991	Special Needs Transportation	

[illegible]

**NOTE:** For a comprehensive listing of NAICS codes please go to the address,  
<http://www.census.gov/eos/www/naics/index.html>



## COMMUNITY BUSINESS DEVELOPMENT PARTNERS

## MILWAUKEE COUNTY

## DBE Participation Recommendation/Wavier Request

To be completed by project owner. Please, direct questions regarding this form to CDBP, 414-278-4747 or

CDBP@milwaukeeCountyWi.gov

## FUNDING SOURCE

\_\_\_ Local \_\_\_ State \_\_\_ Federal \_\_\_X\_\_\_ Grant If Federally Funded, what percentage? 100%

Federal Source of Funds: \_\_\_ FAA \_\_\_ FTA \_\_\_ DOT (includes WisDOT) \_\_\_ Other: \_\_\_\_\_

## CONTACT INFORMATION

Contract Administrator: JeTaunne Richardson Phone: 278-3912 Date: October 1, 2015Email Address: jetaunne.richardson@milwaukeeCountyWi.gov Fund: 0001 Agency: 243 Org No. 2432

## PROJECT INFORMATION

Project Name: New Pathways for Fathers and Families Project No.: 90fk0093-01-00

Contract Scope/Project Description (attach scope/description of work or estimating sheet):

See Project Description attachment

Contracting Opportunities (List NAICS codes): \_\_\_\_\_

RFP/BID will be used (Yes/No) No Advertising Date: \_\_\_\_\_ Bid/Proposal Due Date: \_\_\_\_\_

## TYPE OF PROJECT

Professional ServicesEstimated AmountRecommended DBE Participation\$ 10 million over a five year period0 %Construction RelatedEstimated AmountEstimated AllowanceRecommended DBE Participation

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ %

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ %

## APPROVALS

Is county board approval required? No Resolution #: \_\_\_\_\_ (attach resolution)

## WAIVER REQUEST

**Request for a goal of 0% requires signature of department head, a full scope of project and explanation.****Explanation:** This is a non-profit grant that primarily serves low income minority fathers. Please see attached contract.Jim Sullivan  
Department/Division Administrator Name

DocuSigned by:

Jim Sullivan

6D4FD66843BE4E0...

Signature

11/2/2015

Date

## CDBP USE ONLY

Concur with Recommendation x \_\_\_\_\_, or provide the following goals: 0 \_\_\_\_\_ %This contract is exempt from the DBE goal: x Yes na NoApproved: Rick Norris

DocuSigned by:

AD4C84D4023E450...

Date: 11/3/2015

*	NAICS	DESCRIPTION
	CODE	
	212319	Other Crushed & Broken Stone Mining & Quarrying
	212321	Construction Sand & Gravel Mining
	212322	Industrial Sand Mining
	236117	New Housing Operative Builders
	236118	Residential Remodelers
	236210	Industrial Building Construction
	236220	Commercial & Institutional Building Construction
	237110	Water & Sewer Line & Related Structures Construction
	237120	Oil & Gas Pipeline & Related Structures Construction
	237130	Power & Communication Line & Related Structures Construction
	237310	Highway, Street & Bridge Construction
	237990	Other Heavy & Civil Engineering Construction
	238110	Poured Concrete Foundation & Structure Contractors
	238120	Structural Steel and Precast Concrete Contractors
	238130	Framing Contractors
	238140	Masonry Contractors
	238150	Glass and Glazing Contractors
	238160	Roofing Contractors
	238170	Siding Contractors
	238190	Other Foundation, Structure & Building Exterior Contractors
	238210	Electrical Contractors & Other Wiring Installation Contractors
	238220	Plumbing, Heating & Air-Conditioning Contractors
	238290	Other Building Equipment Contractors
	238310	Drywall & Insulation Contractors
	238320	Painting and Wall Covering Contractors
	238330	Flooring Contractors
	238340	Tile & Terrazzo Contractors
	238350	Finish Carpentry Contractors
	238390	Other Building Finishing Contractors
	238910	Site Preparation Contractors
	238990	All Other Specialty Trade Contractors
	323114	Quick Printing
	323116	Manifold Business Forms Printing
	323117	Books Printing
	323119	Other Commercial Printing
	325998	All Other Miscellaneous Chemical Product & Preparation Manufacturing
	327215	Glass Product Manufacturing Made of Purchased Glass
	327320	Ready-Mix Concrete Manufacturing
	331210	Iron & Steel Pipe & Tube Manufacturing from Purchased Steel
	332116	Metal Stamping
	332311	Prefabricated Metal Building & Component Manufacturing
	332312	Fabricated Structural Metal Manufacturing
	332321	Metal Window & Door Manufacturing
	332322	Sheet Metal Work Manufacturing
	332323	Ornamental & Architectural Metal Work Manufacturing
	332510	Hardware Manufacturing
	423210	Furniture Merchant Wholesalers
	423310	Lumber, Plywood, Millwork & Wood Panel Merchant Wholesalers
	423320	Brick, Stone & Related Construction Material Merchant Wholesalers
	423330	Roofing, Siding & Insulation Material Merchant Wholesalers
	423390	Other Construction Material Merchant Wholesalers
	423510	Metal Service Centers & Other Metal Merchant Wholesalers
	423610	Electrical Apparatus & Equipment, Wiring Supplies & Related Equipment Merchant Wholesalers
	423690	Other Electronic Parts & Equipment Merchant Wholesalers
	423710	Hardware Merchant Wholesalers
	423720	Plumbing & Heating Equipment & Supplies (Hydronics) Merchant Wholesalers
	423730	Warm Air Heating & Air-Conditioning Equipment & Supplies Merchant Wholesalers

	423740	Refrigeration Equipment & Supplies Merchant Wholesalers
	423840	Industrial Supplies Merchant Wholesalers
	443120	Computer & Software Stores
	445299	All Other Specialty Food Stores
	453110	Florists
	453210	Office Supplies and Stationery Stores
	453998	All Other Miscellaneous Store Retailers (except Tobacco Stores)
	454210	Vending Machine Operators
	454390	All Other Direct Selling Establishments
	485991	Special Needs Transportation
	485999	All Other Transit & Ground Passenger Transportation
	488410	Motor Vehicle Towing
	492110	Couriers & Express Delivery Services
	492210	Local Messengers & Local Delivery
	493110	General Warehousing & Storage
	517110	Wired Telecommunications Carriers (except Satellite)
	523120	Security Brokers and Dealers
	523930	Investment Advice
	524210	Insurance Agents, Brokers and Service
	524291	Claims Adjusting
	524292	Third Party Administration of Insurance
	532490	Equipment Rental and Leasing, NEC
	541110	Office Administrative Services
	541211	Accounting, Auditing and Bookkeeping
	541213	Tax Return Preparation Services
	541219	Accounting Services/Other
	541310	Architectural Services
	541320	Landscape Architectural Services
	541330	Engineering Services
	541340	Drafting Services
	541360	Geophysical Surveying & Mapping Services
	541370	Surveying & Mapping (Except Geophysical) Services
	541380	Testing Laboratories
	541410	Interior Designs Services
	541420	Industrial Design Services
	541430	Commercial Art and Graphic Design / Graphic Design Services
	541511	Custom Computer Programming Services
	541512	Computer Systems Design Services
	541513	Computer Facilities Management Services
	541611	Management Consulting Services
	541613	Marketing Consulting Services
	541618	Other Management Consulting Services
	541620	Environmental Services
	541730	Landscape Services (lawn care, sod laying, seeding, installations, etc.)
	541810	Advertising Agencies
	541820	Public Relations Services
	541860	Direct Mail Advertising Services
	541910	Educational Research Commercial
	541922	Photographic Services
	541930	Translation and Interpretation Services
	561110	Legal Services
	561210	Facilities Support Services
	561320	Temporary Help Services
	561410	Computer Process/Data Preparation and Processing
	561439	Photocopying and Duplicating Services
	561440	Collection Services
	561510	Travel Agencies

DBE-12 (07/07/14) Previous Editions Obsolete



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> West Bend Mutual Insurance Company 1900 South 18th Avenue West Bend, WI 53095	<b>CONTACT NAME:</b> Customer Care Center <b>PHONE (A/C, No, Ext):</b> (866) 926-4244 <b>FAX (A/C, No):</b> (262) 365-2200 <b>E-MAIL ADDRESS:</b> customercare@wbmi.com														
<b>INSURED</b> Alma Center, Inc 2821 N 4th St Ste 400 Milwaukee WI 53212-2362	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: West Bend Mutual Insurance Company</td> <td>15350</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: West Bend Mutual Insurance Company	15350	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: West Bend Mutual Insurance Company	15350														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

CERTIFICATE NUMBER: 15/16 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			0709338	6/1/2015	6/1/2016	EACH OCCURRENCE		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 10,000	
	OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							PRDWM	\$	
A	AUTOMOBILE LIABILITY			0709338	6/1/2015	6/1/2016	COMBINED SINGLE LIMIT (Ea accident)		
	<input type="checkbox"/> ANY AUTO						\$ 1,000,000		
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS							
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS							
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						AGGREGATE	\$	
	DED							\$	
	RETENTION \$							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0709339	6/1/2015	6/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Milwaukee County 901 North 9th St Room 101 Milwaukee, WI 53233	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Tracy Mayo/TMAYO
--	---

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# CERTIFICATE OF LIABILITY INSURANCE

AMTC&amp;AS-01

HALLEN

DATE (MM/DD/YYYY)

10/5/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Robertson Ryan - Waukesha  
20975 Swenson Drive, Suite 175  
Waukesha, WI 53186

**CONTACT**

NAME:

PHONE

(A/C, No, Ext): (414) 271-3575

FAX

(A/C, No): (262) 717-9434

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: The Cincinnati Insurance Company

10677

INSURER B: Capitol Specialty Insurance Corporation

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**

AMTC & Associates, LLC  
4759 N. Cumberland Blvd  
Whitefish Bay, WI 53211

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ENP0310040	01/15/2015	01/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA0310040	01/15/2015	01/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>Professional Liab</b>			SGC05042-01	02/13/2015	02/13/2016	Occurrence 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
A waiver of subrogation applies

**CERTIFICATE HOLDER**

Milwaukee County Department of Child Support Services  
901 N. 9th St., Rm 101  
Milwaukee, WI 53233

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*John A. Loppnow*

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## GENERAL CHANGE ENDORSEMENT

Attached to and forming part of:

Auto / Garage

Policy Number EBA 031 00 40

All Other

Policy Number ENP 031 00 40

Effective Date

of Endorsement 10-02-2015

Issued to AMTC & ASSOCIATES LLC

Agent ROBERTSON RYAN & ASSOCIATES, INC. 48-077

MILWAUKEE, WI

Endorsement # 3

### PREMIUM INFORMATION

Additional Premium Due at Endorsement Effective Date REFER TO IA4319

Subsequent Monthly Installments Increased by \$ \_\_\_\_\_

Revised Monthly Installment Payment(s) \$ \_\_\_\_\_

It is agreed that the policy is amended as indicated by ☒

☐ Policy Installment Premium Amended to:

☐ Annual

☐ Semi-Annual

☐ Quarterly

☐ Named Insured

☐ Mailing Address

☒ Form(s) Added

CG2404 10/93

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST  
OTHERS TO US

☐ Form(s) Deleted

All Other Reason for Change

Auto / Garage Reason for Change

10-05-2015 10:42

IA 4329 12 09

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART.**

**SCHEDULE**

**Name of Person or Organization:**

MILWAUKEE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES  
901 N 9TH ST  
ROOM 101  
MILWAUKEE, WI 53233-1425

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV -- COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

CENTFOR-02

HALLEN



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/5/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Robertson Ryan - Waukesha 20975 Swenson Drive, Suite 175 Waukesha, WI 53186	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (414) 271-3575 <b>FAX (A/C, No):</b> (262) 717-9434 <b>E-MAIL ADDRESS:</b>																					
<b>INSURED</b> Center for Self Sufficiency, Inc. 728 North James Lovell Street 2nd Floor Milwaukee, WI 53233	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td colspan="2">INSURER A: THE CINCINNATI INSURANCE COMPANIES</td><td></td></tr> <tr> <td colspan="2">INSURER B: The Cincinnati Insurance Company</td><td>10677</td></tr> <tr> <td colspan="2">INSURER C: Hartford Underwriters Insurance Co</td><td>30104</td></tr> <tr> <td colspan="2">INSURER D: LLOYDS OF LONDON INSURANCE</td><td></td></tr> <tr> <td colspan="2">INSURER E:</td><td></td></tr> <tr> <td colspan="2">INSURER F:</td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: THE CINCINNATI INSURANCE COMPANIES			INSURER B: The Cincinnati Insurance Company		10677	INSURER C: Hartford Underwriters Insurance Co		30104	INSURER D: LLOYDS OF LONDON INSURANCE			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER D: LLOYDS OF LONDON INSURANCE																						
INSURER E:																						
INSURER F:																						

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		ENP 0010385	01/01/2014	01/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		EBA 0010385	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	X 83WBCBX2200	01/01/2015	01/01/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 Professional Liab 1,000,000
D	Professional Liab			MEO1314524	01/16/2015	01/16/2016	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 A waiver of subrogation applies

## CERTIFICATE HOLDER

## CANCELLATION

Milwaukee County Department of Child Support Services  
 901 North 9th St. Room 101  
 Milwaukee, WI 53233

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*John A. Loppnow*

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## GENERAL CHANGE ENDORSEMENT

Attached to and forming part of:

Auto / Garage

Policy Number EBA 001 03 85

All Other

Policy Number ENP 001 03 85

Effective Date

of Endorsement 10-02-2015

Issued to CENTER FOR SELF SUFFICIENCY INC

Agent ROBERTSON RYAN & ASSOCIATES, INC. 48-077

MILWAUKEE, WI

Endorsement # 8

### PREMIUM INFORMATION

Additional Premium Due at Endorsement Effective Date NONE

Subsequent Annual Installments Increased by

\$

Revised Annual Installment Payment(s)

\$

1,069

It is agreed that the policy is amended as indicated by ☒

☐ Policy Installment Premium Amended to:

☐ Annual

☐ Semi-Annual

☐ Quarterly

☐ Named Insured

☐ Mailing Address

☒ Form(s) Added

CG2404 10/93

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST  
OTHERS TO US

☐ Form(s) Deleted

All Other Reason for Change

Auto / Garage Reason for Change

10-05-2015 10:33

IA 4329 12 09

Page 1 of 1

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART.**

**SCHEDULE**

**Name of Person or Organization:**

MILWAUKEE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES  
901 N 9TH ST  
ROOM 101  
MILWAUKEE, WI 53233-1425

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV -- COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

**CERTIFICATE OF LIABILITY INSURANCE**

American Family Insurance Company ☐  
 American Family Mutual Insurance Company if selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address  
 Centro Legal Por Derechos Huma  
 614 W National Ave Fl 2  
 Milwaukee, WI 53204

Agent's Name, Address and Phone Number (Agt./Dist.)  
 Joseph P Setum  
 3457 S Kinnickinnic Ave  
 Milwaukee, WI 53207  
 (414) 769-0701 (185/046)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.  
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

**COVERAGES**

This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.

TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
				Bodily Injury and Property Damage Each Occurrence \$ ,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Personal Umbrella Liability				Farm Liability & Personal Liability Each Occurrence \$ ,000
Farm/Ranch Liability				Farm Employer's Liability Each Occurrence \$ ,000
				Statutory *****
Workers Compensation and Employers Liability †				Each Accident \$ ,000
				Disease - Each Employee \$ ,000
				Disease - Policy Limit \$ ,000
				General Aggregate \$ ,000
General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>				Products - Completed Operations Aggregate \$ ,000
				Personal and Advertising Injury \$ ,000
				Each Occurrence \$ ,000
				Damage to Premises Rented to You \$ ,000
				Medical Expense (Any One Person) \$ ,000
				Each Occurrence†† \$ 1,000,000
Businessowners Liability	48-X72276-05	12/06/2014	12/06/2015	Aggregate†† \$ 2,000,000
Liquor Liability				Common Cause Limit \$ ,000
				Aggregate Limit \$ ,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$ ,000
				Bodily Injury - Each Accident \$ ,000
				Property Damage \$ ,000
				Bodily Injury and Property Damage Combined \$ ,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$ ,000

**Other (Miscellaneous Coverages)**

This policy Includes Endorsement and Waiver of Subrogation BP0497

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS

Legal and Law Related Services

†The individual or partners ☒ Have shown as insured elected to be covered under this policy. ☐ Have not  
 ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

**CERTIFICATE HOLDER'S NAME AND ADDRESS**

Milwaukee County Department of Child Support  
 Services  
 901 N 9th St Rm 101  
 Milwaukee, WI. 53233

**CANCELLATION**

☒ Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail \* ( days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. \*10 days unless different number of days shown.

☐ This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.

DATE ISSUED

10/23/2015

AUTHORIZED REPRESENTATIVE

John Setum

Client#: 176703

COMMUADVOC1

DATE (MM/DD/YYYY)  
10/05/2015

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 2725 South Moorland Road New Berlin, WI 53151 800 242-7001	CONTACT NAME: Shelley Paquin	
	PHONE (A/C, No, Ext): 262-796-8802	FAX (A/C, No): 262-785-9753
INSURED  Community Advocates Inc. 728 N. James Lovell St. Milwaukee, WI 53233	E-MAIL ADDRESS: spaquin@securityins.net	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Selective Insurance Company	NAIC #: 12572
	INSURER B: United Wisconsin Insurance Co.	29157
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		S2052884	01/01/2015	01/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COM/PROP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$500 Comp Ded <input checked="" type="checkbox"/> 1000 Coll Ded		S2052884	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION \$0		S2052884	01/01/2015	01/01/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	0400143928	06/15/2015	06/15/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Property		S2052884	01/01/2015	01/01/2016	Blkt Bldg \$6,200,000 Blkt Cont \$1,032,500 \$2,500 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Milwaukee County Department of Child Support enforcement pathways to responsible fatherhood project services construct # 2015-2018

Certificate holder is included as Additional Insured (endorsement attached) for general liability and auto only, for work performed by the named insured per written contract. A Waiver Of Subrogation applies..endorsement attached.

## CERTIFICATE HOLDER

## CANCELLATION

Milwaukee County Department of Child Support Services (CSS) 901 N 9th St, Room 101 Milwaukee, WI 53233-1458	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Scott Noye

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## ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION

POLICY NUMBER: S 2052884

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

#### Name Of Additional Insured Person(s) Or Organization(s)

CITY OF MILWAUKEE; COMMUNITY  
DEVELOPMENT GRANTS ADMINISTRATION  
200 W. WELLS ST.  
RM 601  
MILWAUKEE, WI 53202-3515

LACAUSA, INC./BMCW 3 QUALITY  
IMPROVEMENT MANAGER  
2745 S. 13TH ST.  
MILWAUKEE, WI 53215

INTEGRATED FAMILY SERVICES INC.  
8901 W. CAPITOL DRIVE  
MILWAUKEE, WI 53223

MILWAUKEE COUNTY DEPARTMENT OF HILD  
SUPPORT SERVICES (CSS)  
901 N. 9TH ST.

CONTINUED

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

# ELITEPAC General Liability Extension Social Services

COMMERCIAL GENERAL LIABILITY  
CG 72 17 07 14

## SUMMARY OF COVERAGES (including index)

This is a summary of the various additional coverages and coverage modifications provided by this endorsement. No coverage is provided by this summary. Refer to the actual endorsement (Pages 3-through-8) for changes affecting your insurance protection.

DESCRIPTION	PAGE FOUND
Additional Insured - Funding Source	Page 5
Primary and Non-Contributory Provision - Additional Insured	Page 7
Blanket Additional Insureds - As Required By Contract	Page 5
Broad Form Vendors Coverage	Page 6
Cancellation Notification Extension (Other Than Nonpayment of Premium)	Page 7
Damage to Premises Rented to You (\$1,000,000) (Including Fire, Lightning or Explosion)	Page 4
Functional Additional Insureds	Page 5
Knowledge of Occurrence, Claim, Suit or Loss	Page 6
Liberalization Clause	Page 7
Limited Rental Lease Agreement Contractual Liability	Page 3
Medical Payments - increased limit (\$ 20,000)	Page 6
Mental Anguish Amendment (not applicable to New York)	Page 8
Non-Owned Aircraft	Page 3
Non-Owned Watercraft (under 60 feet)	
Not-for-profit Members - Including Club Members	Page 4
Not-for-profit Members Medical Payments	Page 8
Not-for-profit Members - defined	
Personal and Advertising Injury	Page 4
Contractual Exclusion Amended (Excludes Advertisement)	Page 7
Discrimination and Humiliation Amendment (Not applicable in New York; Excludes Advertisement)	Page 4
Products Amendment - Not-for-profit	
Supplementary Payments Amended	Page 4
Bail Bonds (\$5,000) and Loss of Earnings (\$1,000)	Page 5
Limited Legal Expense for Innocent Insureds	

**DESCRIPTION**

**PAGE FOUND**

**Temporary Workers**

Employee Definition Amended (including status as an insured)

Page 8

Employer's Liability Exclusion Amended

Page 3

Employees As Insureds Modified

Page 5

Unintentional Failure to Disclose Hazards

Page 7

Waiver of Transfer of Rights of Recovery (subrogation)

Page 7

When Two or More Coverage Parts of this Policy Apply to a Loss

Page 3

# ELITEPAC General Liability Extension Social Services

COMMERCIAL GENERAL LIABILITY  
CG 72 17 07 14

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies the insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

The **SECTIONS** of the Commercial General Liability Coverage Part identified in this endorsement will be amended as shown below. But, when two or more Coverage Parts of this policy apply to a loss, only the broadest coverage of this policy will apply, unless specifically stated otherwise within the particular amendment covering that loss.

#### COVERAGES - Amendments

#### SECTION I - COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY

#### EXCLUSIONS

##### Limited Rental Lease Agreement Contractual Liability

The following is added to Exclusion b. Contractual Liability under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions:**

(3) At the named insured's request at the time of a claim, we will reimburse the named insured for damages arising out of "bodily injury" or "property damage" that the named insured is obligated to pay by reason of the assumption of liability in a written contract or written agreement regarding the rental or lease of a premises on behalf of the named insured's client.

- a. The most we will pay under this exclusion exception is a sub-limit of \$50,000 per occurrence.
- b. This exclusion exception only applies to a rental or lease agreement.
- c. The insurance provided by this exclusion exception is excess over any other valid and collectible insurance available to the client, whether primary, excess, contingent or on any other basis.

##### Employer's Liability Amendment

The following is added to Exclusion e. Employer's Liability under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions:**

This exclusion also does not apply to any "temporary worker".

##### Non-Owned Aircraft, Auto or Watercraft

A. Paragraph (2) of Exclusion g. Aircraft, Auto Or Watercraft under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions** is deleted in its entirety and replaced with the following:

(2) A watercraft you do not own that is:

- (a) Less than 26 feet long and not being used to carry persons or property or a charge; or
- (b) At least 26 feet, but less than 60 feet long, and not being used to carry person or property for a charge. Any person is an insured who uses or is responsible for the use of such watercraft with your expressed or implied consent. However, if the insured has any other valid and collectible insurance for "bodily injury" or "property damage" that would be covered under this provision, or on any other basis, this coverage is then excess, and subject to Condition 4. Other Insurance, b. Excess Insurance under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS.**

B. The following is added to Exclusion g. Aircraft, Auto Or Watercraft under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions:**

This exclusion does not apply to:

- (6) Any aircraft, not owned or operated by any insured, which is hired, chartered or loaned with a paid crew. However, if the insured has any other valid and collectible insurance for "bodily injury" or "property damage" that would be covered under this provision, or on any other basis, this coverage is then excess, and subject to Condition 4. Other Insurance, b. Excess Insurance under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS.**

**Damage To Premises Rented To You**

- A. The last paragraph of Paragraph 2. Exclusions under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE** is deleted in its entirety and replaced with the following:

Exclusions c. through n. do not apply to damage by fire, lightning or explosion to premises rented to you or temporarily occupied by you with the permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III - LIMITS OF INSURANCE**.

- B. Paragraph 6. under **SECTION III - LIMITS OF INSURANCE** is deleted in its entirety and replaced with the following:

6. Subject to Paragraph 5. above, the most we will pay under **COVERAGE A** for damages because of "property damage" to any one premises, while rented to you, or in the case of damage caused by fire, lightning or explosion, while rented to you or temporarily occupied by you with permission of the owner, for all such damage caused by fire, lightning or explosion proximately caused by the same event, whether such damage results from fire, lightning or explosion or any combination of the three, is the higher of \$1,000,000 or the amount shown in the Declarations for the Damage To Premises Rented To You Limit.

- C. Paragraph a. of Definition 9. "Insured contract" under **SECTION V - DEFINITIONS** is deleted in its entirety and replaced with the following:

- a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning or explosion to premises while rented to you or temporarily occupied by you with the permission of the owner is not an "insured contract";

**SECTION I - COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY****EXCLUSIONS****Contractual Exclusion Amendment**

Exclusion e. Contractual Liability under **COVERAGE B PERSONAL AND ADVERTISING INJURY, 2. Exclusions** is deleted in its entirety and replaced with the following:

- e. **Contractual Liability**

"Personal and advertising injury" for which the insured has assumed liability in a contract or agreement arising out of an "advertisement". This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.

**SECTION I - COVERAGE C MEDICAL PAYMENTS EXCLUSIONS****Any Insured Amendment**

Exclusion a. Any Insured under **COVERAGE C MEDICAL PAYMENTS, 2. Exclusions** is deleted in its entirety and replaced with the following:

- a. **Any Insured**

To any insured, except "volunteer workers" or "not-for-profit members".

This exclusion exception does not apply if **COVERAGE C MEDICAL PAYMENTS** is excluded by another endorsement to this Coverage Part.

**Product Amendment**

Exclusion f. **Products-Completed Operations Hazard** under **COVERAGE C MEDICAL PAYMENTS, 2. Exclusions** is deleted in its entirety and replaced with the following:

- f. **Products-Completed Operations Hazard**

Included within the "products-completed operations hazard".

This exclusion does not apply to "your products" sold for use or consumption on your premises, while such products are still on your premises, if you are a not-for-profit operation.

This exclusion exception does not apply if **COVERAGE C MEDICAL PAYMENTS** is excluded by another endorsement to this Coverage Part.

**SECTION I - SUPPLEMENTARY PAYMENTS - COVERAGES A AND B****Expenses For Bail Bonds And Loss Of Earnings**

- A. Subparagraph 1.b. of **SUPPLEMENTARY PAYMENTS - COVERAGES A AND B** is deleted in its entirety and replaced with the following:

- b. Up to \$5,000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

- B. Subparagraph 1.d. of **SUPPLEMENTARY PAYMENTS - COVERAGES A AND B** is deleted in its entirety and replaced with the following:

- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1,000 a day because of time off from work.

**Limited Legal Expense for Innocent Insureds**

The following is added under **SUPPLEMENTARY PAYMENTS - COVERAGES A AND B**:

3. We will reimburse you, at your request, for reasonable and necessary defense costs, excluding any fines or penalties, that you incur in the defense of an "employee" who is directly involved in a criminal proceeding, but only if:
  - a. The acts out of which such criminal charges arise are alleged to have:
    - (1) A arisen out of and in the course of your employment of the "employee"; and
    - (2) Taken place during the policy period and in the "coverage territory"; and
  - b. All the criminal charges are either dismissed with prejudice or your "employee" is found not guilty of all criminal charges by a court of law.

The most we will pay under this provision is a sub-limit of \$25,000, subject to an aggregate limit of \$25,000 for all reimbursements that we make during the policy period on behalf of all "employees", regardless of the number of "employees", claims or "suits" brought or persons or organizations making claims or bringing "suits".

**SECTION II - WHO IS AN INSURED - Amendments****Functional Additional Insureds**

**SECTION II - WHO IS AN INSURED** is amended to include as additional insureds:

1. Your officials;
2. Your trustees;
3. Your members;
4. Your commission members;
5. Your agency members;
6. Your board members;
7. Your elective or appointed officers;
8. Your insurance managers;
9. Your "Not-for-profit members";

However, each only with respect to their liability for your activities or activities they perform on your behalf.

**Employees As Insureds Modified**

- A. Subparagraph 2.a.(1)(a) under **SECTION II - WHO IS AN INSURED** does not apply to "bodily injury" to a "temporary worker" caused by a co-"employee" who is not a "temporary worker".
- B. Subparagraph 2.a.(2) under **SECTION II - WHO IS AN INSURED** does not apply to "property damage" to the property of a "temporary worker" caused by a co-"employee" who is not a "temporary worker".

- C. Subparagraph 2.a.(1)(d) under **SECTION II - WHO IS AN INSURED** does not apply to "bodily injury" caused by cardio-pulmonary resuscitation or first aid services administered by a co-"employee".

With respect to this provision only, Subparagraph (1) of Exclusion 2.e. **Employer's Liability** under **SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** does not apply.

**Additional Insured - Funding Source**

**SECTION II - WHO IS AN INSURED** is amended to include as additional insureds:

Any person or organization with respect to their liability arising out of:

1. Their financial control of you; or
2. Premises they own, maintain or control while you lease or occupy that premises.

This insurance does not apply to:

- a. Any "occurrence" or offense which takes place after you cease to lease or occupy that premises; or
- b. Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.

**Blanket Additional Insureds - As Required By Contract**

Subject to the **Primary and Non-Contributory** provision set forth in this endorsement, **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured any person or organization with whom you have agreed in a written contract, written agreement or written permit that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury" or "property damage" caused, in whole or part, by:

1. Your ongoing operations performed for that person or organization, "your product", or premises owned or used by you; but this provision does not include any architects, engineers, or surveyors with respect to any injury or damage arising out of the rendering or failure to render any professional services by or for you, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Supervisory, inspection, architectural or engineering activities.

2. Your maintenance, operation or use of equipment, other than aircraft, "auto" or watercraft, leased to you by such person or organization. A person or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

The provisions of this coverage extension do not apply unless the written contract or written agreement has been executed (executed means signed by the named insured and additional insured) or written permit issued prior to the "bodily injury" or "property damage".

#### **Broad Form Vendors Coverage**

Subject to the **Primary and Non-Contributory** provision set forth in this endorsement, **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured any person or organization (referred to below as vendor) whom you have agreed in a written contract or written agreement to add as an additional insured on your policy. Such person or organization is an additional insured only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, however the insurance afforded the vendor does not apply to:

- a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement; however this exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- b. Any express warranty unauthorized by you;
- c. Any physical or chemical change in the product made intentionally by the vendor;
- d. Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business in connection with the sale of the product; or

- f. Products which, after distribution or sale by you, have been labeled or re-labeled or used as a container, part of ingredient of any other thing or substance by or for the vendor; however this insurance does not apply to any insured person or organization, from who you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

The provisions of this coverage extension do not apply unless the written contract or written agreement has been executed (executed means signed by the named insured and additional insured) prior to the "bodily injury" or "property damage".

#### **SECTION III - LIMITS OF INSURANCE**

##### **Increased Medical Payments**

Paragraph 7. under **SECTION III - LIMITS OF INSURANCE** is deleted in its entirety and replaced with the following:

7. Subject to Paragraph 5. above, the Medical Expense Limit under **COVERAGE C** will be \$20,000, or the amount shown in the Declarations for Medical Expense Limit, whichever is higher, for all medical expenses because of "bodily injury" sustained by any one person. This does not apply to any Medical Payments coverage provided for children enrolled in an insured day care center.

This provision, **Increased Medical Payments**, does not apply if **COVERAGE C MEDICAL PAYMENTS** is excluded by another endorsement to this Coverage Part.

#### **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS - Amendments**

##### **Knowledge Of Occurrence, Claim, Suit Or Loss**

The following is added to Paragraph 2. **Duties In The Event Of Occurrence, Offense, Claim Or Suit** under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**:

The requirements under this paragraph do not apply until after the "occurrence" or offense is known to:

1. You, if you are an individual;
2. A partner, if you are a partnership;
3. An "executive officer" or insurance manager, if you are a corporation;
4. Your members, managers or insurance manager, if you are a limited liability company; or
5. Your elected or appointed officials, trustees, board members, or your insurance manager if you are an organization other than a partnership, joint venture, or limited liability company.

**Primary and Non-Contributory Provision**

The following is added to Paragraph 4. **Other Insurance, b. Excess Insurance** under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**:

This insurance shall be excess with respect to any person or organization included as an additional insured under this policy, any other insurance that person or organization has shall be primary with respect to this insurance, unless:

- (1) The additional insured is a Named Insured under such other insurance;
- (2) You have agreed in a written contract, written agreement or written permit to include that additional insured on your General Liability policy on a primary and/or non-contributory basis; and
- (3) The written contract or written agreement has been executed (executed means signed by the insured and the additional insured) or written permit issued prior to the "bodily injury" or "property damage".

**Unintentional Failure To Disclose Hazards**

The following is added to Paragraph 6. **Representations** under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**:

However, if you should unintentionally fail to disclose any existing hazards in your representations to us at the inception date of the policy, or during the policy period in connection with any additional hazards, we shall not deny coverage under this Coverage Part based upon such failure to disclose hazards.

**Waiver Of Transfer Of Rights Of Recovery**

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**:

We will waive any right of recovery we may have against a person or organization because of payments we make for "bodily injury" or "property damage" arising out of your ongoing operations or "your work" done under a written contract or written agreement and included in the "products-completed operations hazard," if:

1. You have agreed to waive any right of recovery against that person or organization in a written contract or written agreement;
2. Such person or organization is an additional insured on your policy; or
3. You have assumed the liability of that person or organization in that same contract, and it is an "insured contract."

The section above only applies to that person or organization identified above, and only if the "bodily injury" or "property damage" occurs subsequent to the execution of the written contract or written agreement.

**Liberalization**

The following condition is added to **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**:

If we revise this Coverage Part to provide more coverage without additional premium charge, subject to our filed company rules, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

**Cancellation**

With respect to the Commercial General Liability coverage provided by this policy, Subparagraph 2.b. under Paragraph A. **Cancellation** of the **COMMON POLICY CONDITIONS** is deleted in its entirety and replaced with the following:

- b. 60 days (or the number of days required by law, whichever is greater) before the effective date of cancellation if we cancel for any other reason.

**SECTION V - DEFINITIONS****Discrimination And Humiliation**

(This provision does not apply in the state of New York).

- A. The following is added to Definition 14. "Personal and advertising injury":

"Personal and advertising injury" also means "discrimination" or humiliation that results in injury to the feelings or reputation of a natural person, however only if such "discrimination" or humiliation is:

1. Not done by or at the direction of:
  - a. The insured; or
  - b. Any "executive officer", director, stockholder, partner, manager or member of the insured
2. Not done intentionally to cause harm to another person.
3. Not directly or indirectly related to the employment, prospective employment or termination of employment of any person or persons by any insured.
4. Not arising out of any "advertisement" by the insured.

- B. The following definition is added to **SECTION V - DEFINITIONS**:

"Discrimination" means:

- a. Any act or conduct that would be considered discrimination under any applicable federal, state, or local statute, ordinance or law;

- b. Any act or conduct that results in disparate treatment of, or has disparate impact on, a person, because of that person's race, religion, gender, sexual orientation, age, disability or physical impairment; or
- c. Any act or conduct characterized or interpreted as discrimination by a person based on that person's race, religion, gender, sexual orientation, age, disability or physical impairment.

#### **Employee Amendment**

Definition 5. "Employee" under **SECTION V - DEFINITIONS** is deleted in its entirety and replaced by the following:

- 5. "Employee" includes a "leased worker" or a "temporary worker."

#### **Mental Anguish Amendment**

(This provision does not apply in New York).

Definition 3. "Bodily injury" under **SECTION V - DEFINITIONS** is deleted in its entirety and replaced with the following:

- 3. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time. This includes mental anguish resulting from any bodily injury, sickness or disease sustained by a person. (In New York, mental anguish has been determined to be "bodily injury").

#### **Not-for-profit Members**

The following definition is added to **SECTION V - DEFINITIONS**:

"Not-for-profit members" means a person who is a member of a not-for-profit organization, including clubs and churches, who receive no financial or other compensation.



# CERTIFICATE OF LIABILITY INSURANCE

COMPHE-01

DSTALTER

DATE (MM/DD/YYYY)

10/22/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Robertson Ryan - Milwaukee  
Two Plaza East, Suite 650  
330 East Kilbourn Avenue  
Milwaukee, WI 53202

CONTACT NAME: Debra Stalter

PHONE (A/C, No, Ext): (414) 271-3575

FAX (A/C, No): (414) 271-0196

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: FRANKENMUTH MUTUAL INSURANCE COMPANY 13986

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Compel Them To Come Inc  
6918 W Brown Deer Rd  
Brown Deer, WI 53223

REVISION NUMBER:

## COVERAGES

## CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPP6161315	07/20/2015	07/20/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

Milwaukee County  
901 N 9th St, Room 101  
Milwaukee, WI 53233

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.



189 Commerce Court  
PO Box 189  
Cheshire, CT 06410-0189

203-272-8220 or 800-873-0242  
fax 203-271-2265  
www.housingcenter.com

## CERTIFICATE OF INSURANCE

ID: 28

Issue Date: 10/15/2015

Insured: Housing Authority of the City of Milwaukee

Address: 809 North Broadway  
P.O. Box 324  
Milwaukee, WI 53201-3201

### Coverages

Type of Insurance	Policy Number	Limits
Commercial Liability	HARRG-28-150515-2015	General Aggregate: \$ 5,000,000
[X] CoverageA; Bodily Injury and Property Damage Liability: Occurrence	Effective Date: 09/01/2015 12:01 AM	Per Occurrence: \$ 5,000,000
[X] CoverageB; Personal and Advertising Injury Liability: Occurrence	Expiration Date: 09/01/2016 12:01 AM	Personal and Adv Inj: \$ 5,000,000
[X] CoverageE; Mold, Other Fungi or Bacteria Liability: Claims Made Retro Date: 9/1/03		Fire Damage Sub-Limit: \$ 50,000
		Athletic Sport Sub-Limit
		Per Occurrence: \$ 250,000
		Aggregate: \$ 250,000
		Mold, Other Fungi or Bacteria: \$ 100,000

### Description: Proof of Insurance

Certificate Milwaukee County Department of Child Support Services  
Holder: 901 N 9th Street, Room 101  
Milwaukee, WI 53233

### Remarks:

Certificate Holder - waiver of subrogation endorsement attached.

Company: Housing Authority Risk Retention Group, Inc.

THIS IS TO CERTIFY THAT THE POLICIES LISTED ABOVE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY CLAIMS PAID. THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ABOVE.

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 90 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligations or liability of any kind upon the company, its agents, or representatives.

*Robert Stangor*

Signature of Authorized Representative

- ☐ Mortgagee  
☐ Loss Payee  
☐ Additional Insured
- ☒ Certificate Holder  
☐ Other



**Policy Change No. 01-096-01-2015-46**

**Change Endorsement**

Amending Transfer of Rights of Recovery Against Others to Us

Named Insured: Housing Authority of the City of Milwaukee

Policy Number: HARRG-28-150515-2015

Policy Effective Date: 09/01/2015 - 09/01/2016

Issue Date: 10/15/2015

Premium:

Effective From: 09/01/2015 at the time of day the policy becomes effective.

Commercial Liability

**The Insurance is Amended as follows:**

This Endorsement modifies insurance provided under the following Coverage Section(s):

Bodily Injury and Property Damage Liability – Coverage Section A

Personal and Advertising Injury Liability – Coverage Section B

Schedule: New Pathways to Fatherhood Grant

Milwaukee County Department of Child Support Services - 901 N 9th Street, Room 101  
Milwaukee, WI. 53233

The Transfer of Rights of Recovery Against Others to Us condition, Section II, Paragraph F.8., is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule herein because of payments we make for injury or damage arising directly or indirectly out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard." This waiver applies only to the person or organization shown in the Schedule herein.

All other terms and conditions contained in the policy remain in full force and effect.

Description: Provide waiver of transfer of rights for designated person or organization



189 Commerce Court  
PO Box 189  
Cheshire, CT 06410-0189

203-272-8220 or 800-873-0242  
fax 203-271-2265  
[www.housingcenter.com](http://www.housingcenter.com)

---

October 15, 2015

Mr. Jim Eigenberger  
Senior Asset Manager  
Housing Authority of the City of Milwaukee  
2363 N. 50th Street  
Milwaukee, WI 53210-

Re: Policy Change - HARRG Policy # HARRG-28-150515-2015

Dear Mr. Eigenberger,

Enclosed please find Endorsement #01-096-01-2015-46 amending the policy as described.

If you have any questions or concerns please contact me at (800) 873-0242 extension 422.

Sincerely,

Robert Stanczykiewicz  
Underwriter

Enclosures



# CERTIFICATE OF LIABILITY INSURANCE

MILWAUKEE-04

NKAMKE

DATE (MM/DD/YYYY)

10/19/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Robertson Ryan - Waukesha 20975 Swenson Drive, Suite 175 Waukesha, WI 53186	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (414) 271-3575 <b>FAX (A/C, No):</b> (262) 717-9434 <b>E-MAIL ADDRESS:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : The Travelers Indemnity Company of Connecticut</td> <td>25682</td> </tr> <tr> <td>INSURER B : The Travelers Property Casualty Insurance Company of America</td> <td>25674</td> </tr> <tr> <td>INSURER C : The Travelers Indemnity Company of America</td> <td>25666</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Travelers Indemnity Company of Connecticut	25682	INSURER B : The Travelers Property Casualty Insurance Company of America	25674	INSURER C : The Travelers Indemnity Company of America	25666	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b>  Milwaukee Area Workforce Investment Board Inc 2338 North 27th Street Milwaukee, WI 53210-3100															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	6307881B818	07/07/2015	07/07/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			8100063C14A	07/07/2015	07/07/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP0063C151	07/07/2015	07/07/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB6952B904	07/07/2015	07/07/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 A waiver of subrogation in favor of the cert holder applies under the general liability (CGD467).

**CERTIFICATE HOLDER****CANCELLATION**

Milwaukee County Department of Child Support Services 901 N 9th Street, Room 101 Milwaukee, WI 53233	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	---

© 1988-2014 ACORD CORPORATION. All rights reserved.

## COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **XTEND ENDORSEMENT FOR SERVICE INDUSTRIES**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**GENERAL DESCRIPTION OF COVERAGE** – This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to this Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Limitations and exclusions may apply to these coverages. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>A. Broadened Named Insured</li> <li>B. Blanket Additional Insured – Broad Form Vendors</li> <li>C. Damage To Premises Rented To You               <ul style="list-style-type: none"> <li>• Perils of fire, explosion, lightning, smoke, water</li> <li>• Limit increased to \$300,000</li> </ul> </li> <li>D. Blanket Waiver Of Subrogation</li> <li>E. Blanket Additional Insured – Owners, Managers Or Lessors Of Premises</li> <li>F. Blanket Additional Insured – Lessors Of Leased Equipment</li> <li>G. Incidental Medical Malpractice</li> <li>H. Personal Injury – Assumed By Contract</li> </ul> | <ul style="list-style-type: none"> <li>I. Amended Bodily Injury Definition</li> <li>J. Bodily Injury To Co-Employees And Co-Volunteer Workers</li> <li>K. Aircraft Chartered With Crew</li> <li>L. Non-Owned Watercraft – Increased From 25 Feet To 50 Feet</li> <li>M. Increased Supplementary Payments               <ul style="list-style-type: none"> <li>• Cost of bail bonds increased to \$2,500</li> <li>• Loss of earnings increased to \$500 per day</li> </ul> </li> <li>N. Knowledge And Notice Of Occurrence Or Offense</li> <li>O. Unintentional Omission</li> <li>P. Reasonable Force – Bodily Injury Or Property Damage</li> </ul> |
|--|--|

### **PROVISIONS**

#### **A. BROADENED NAMED INSURED**

1. The following is added to **SECTION II – WHO IS AN INSURED**:

Any organization, other than a partnership or joint venture, over which you maintain ownership or majority interest on the effective date of the policy qualifies as a Named Insured. However, coverage for any such organization will cease as of the date during the policy period that you no longer maintain ownership of, or majority interest in, such organization.

2. The following replaces Paragraph 4.a. of **SECTION II – WHO IS AN INSURED**:

- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier, unless reported in writing to us within 180 days.

#### **B. BLANKET ADDITIONAL INSURED – BROAD FORM VENDORS**

The following is added to **SECTION II – WHO IS AN INSURED**:

Any person or organization that is a vendor and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury" or "property damage" that:

- a. Is caused by an "occurrence" that takes place after you have signed and executed that contract or agreement; and
- b. Arises out of "your products" which are distributed or sold in the regular course of such vendor's business.

The insurance provided to such vendor is subject to the following provisions:

- a. The limits of insurance provided to such vendor will be the limits which you agreed to pro-

## COMMERCIAL GENERAL LIABILITY

3. The following replaces Paragraph a. of the definition of "insured contract" in the **DEFINITIONS** Section:

- a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage to premises while rented to you, or temporarily occupied by you with permission of the owner, caused by:

- (1) Fire;
- (2) Explosion;
- (3) Lightning;
- (4) Smoke resulting from such fire, explosion, or lightning; or
- (5) Water.

is not an "insured contract";

4. The following replaces Paragraph 4.b.(1)(b) of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

- (b) That is insurance for premises rented to you, or temporarily occupied by you with the permission of the owner;

**D. BLANKET WAIVER OF SUBROGATION**

The following is added to Paragraph 8., **Transfer Of Rights Of Recovery Against Others To Us**, of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

We waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of premises owned or occupied by or rented or loaned to you; ongoing operations performed by you or on your behalf, done under a contract with that person or organization; "your work"; or "your products". We waive this right where you have agreed to do so as part of a written contract, executed by you prior to loss.

**E. BLANKET ADDITIONAL INSURED – OWNERS, MANAGERS OR LESSORS OF PREMISES**

The following is added to **SECTION II – WHO IS AN INSURED**:

Any person or organization that is a premises owner, manager or lessor and that you have agreed in a written contract or agreement to name as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" that:

- a. Is "bodily injury" or "property damage" caused by an "occurrence" that takes place, or "personal injury" or "advertising injury" caused by an offense that is committed, after you have signed and executed that contract or agreement; and
- b. Arises out of the ownership, maintenance or use of that part of any premises leased to you.

The insurance provided to such premises owner, manager or lessor is subject to the following provisions:

- a. The limits of insurance provided to such premises owner, manager or lessor will be the limits which you agreed to provide in the written contract or agreement, or the limits shown on the Declarations of this Coverage Part, whichever are less.
- b. The insurance provided to such premises owner, manager or lessor does not apply to:
  - (1) "Bodily injury" or "property damage" caused by an "occurrence" that takes place, or "personal injury" or "advertising injury" caused by an offense that is committed, after you cease to be a tenant in that premises; or
  - (2) Structural alterations, new construction or demolition operations performed by or on behalf of such premises owner, manager or lessor.
- c. The insurance provided to such premises owner, manager or lessor is excess over any valid and collectible other insurance available to such premises owner, manager or lessor, unless you have agreed in a written contract for this insurance to apply on a primary or contributory basis.

**F. BLANKET ADDITIONAL INSURED – LESSORS OF LEASED EQUIPMENT**

The following is added to **SECTION II – WHO IS AN INSURED**:

Any person or organization that is an equipment lessor and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" that:

- a. Is "bodily injury" or "property damage" caused by an "occurrence" that takes place, or "personal injury" or "advertising injury" caused by an offense that is committed, after you have



# CERTIFICATE OF LIABILITY INSURANCE

MYFATHE-01

HALLEN

DATE (MM/DD/YYYY)

10/6/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Robertson Ryan - Waukesha 20975 Swenson Drive, Suite 175 Waukesha, WI 53186	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (414) 271-3575 <b>FAX (A/C, No):</b> (262) 717-9434 <b>E-MAIL ADDRESS:</b>  <table style="width: 100%;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A: SECURA INSURANCE A MUTUAL COMPANY</b></td> <td><b>22543</b></td> </tr> <tr> <td><b>INSURER B: WEST BEND MUTUAL INSURANCE COMPANY</b></td> <td><b>15350</b></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A: SECURA INSURANCE A MUTUAL COMPANY</b>	<b>22543</b>	<b>INSURER B: WEST BEND MUTUAL INSURANCE COMPANY</b>	<b>15350</b>	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER C:</b>															
<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															
<b>INSURED</b>  My Father's House, Inc. 10620 West Bluemound Road Wauwatosa, WI 53226															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	CP003184676	10/06/2015	10/06/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>100,000</b> PERSONAL & ADV INJURY \$ <b>10,000</b> GENERAL AGGREGATE \$ <b>1,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CP003184676	10/06/2015	10/06/2016	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	ZZZ1698753	12/08/2014	12/08/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Milwaukee County is named as Additional Insured.

A Waiver of Subrogation Applies

**CERTIFICATE HOLDER****CANCELLATION**

Milwaukee County Department of  
 Child Support Services  
 901 N. 9th St. Room 101  
 Milwaukee, WI 53233

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*John A. Loppnow*

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**SECURA INSURANCE, A Mutual Company**

P. O. BOX 819 APPLETON, WI 54912-0819

**GENERAL CHANGE ENDORSEMENT**

**POLICY NO. 20-CP-003184676-5/001**

**ACCOUNT NUMBER: 00007237858**  
**NAMED INSURED AND MAILING ADDRESS**

MY FATHERS HOUSE INC  
PO BOX 240426  
MILWAUKEE WI 53223

**AGENCY AND MAILING ADDRESS 484215 02**

ROBERTSON RYAN & ASSOC  
2 PLAZA E #650  
330 E KILBOURN  
MILWAUKEE WI 53202

**POLICY PERIOD:** From 10/06/2015 to 10/06/2016 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.  
**EFFECTIVE 10-06-15 THIS POLICY IS AMENDED AS SHOWN**

**This is not a bill.**

The annualized effect of this endorsement premium would be

\$50

**FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS**  
ILE 7002 1001

**COMMERCIAL GENERAL LIABILITY**

For an additional/return premium, the items below are changed as indicated:  
**ADDING A WAIVER OF SUBROGATION AS SHOWN**

**MANUSCRIPT FORMS:**

CG2404 (10-93) : WAIVER OF TRANSFER RIGHTS OF RECOVERY AGAINST OTHERS

Name of Person or Organization: MILWAUKEE CTY DEPT OF CHILD SUPPORT SERV-SEE IL1201 FOR FULL NAME/ADDRESS

**ADDITIONAL PREMIUM DUE FOR COMMERCIAL GENERAL LIABILITY**

**\$50**

**PARTS OF THE PREMIUM SHOWN ARE FULLY EARNED. FORM ILE 7002 APPLIES**

**FORMS AND ENDORSEMENTS**

APPLYING TO COMMERCIAL GENERAL LIABILITY COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:  
CG2404 (10-93) IL1201 (11-85)

COUNTERSIGNED AT: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_ AUTHORIZED REPRESENTATIVE



SECURA INSURANCE, A Mutual Company

P. O. BOX 819 APPLETON, WI 54912-0819

FORMS SCHEDULE

POLICY NO. 20-CP-003184676-5/001

ACCOUNT NUMBER: 00007237858

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS 484215 02

MY FATHERS HOUSE INC  
PO BOX 240426  
MILWAUKEE WI 53223

ROBERTSON RYAN & ASSOC  
2 PLAZA E #650  
330 E KILBOURN  
MILWAUKEE WI 53202

POLICY PERIOD: From 10/06/2015 to 10/06/2016 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.  
ENDORSEMENT DATE: 10/06/2015

COMMON POLICY FORMS

ILE 7002 1001 FULLY EARNED PREMIUM

COMMERCIAL GENERAL LIABILITY FORMS

CG2404 (10-93) WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST O  
IL1201 (11-85) POLICY CHANGES

AUTHORIZED REPRESENTATIVE

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **POLICY CHANGES**

Policy Change  
Number

POLICY NUMBER CP3184676	POLICY CHANGES EFFECTIVE 10/06/2015	COMPANY SECURA Insurance, A Mutual Company
NAMED INSURED My Fathers House Inc		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED <b>COMMERCIAL GENERAL LIABILITY SECTION</b> <b>BUSINESSOWNERS LIABILITY COVERAGE FORM</b>		
ADDITIONAL INSURED/ WAIVER EXPANDED SCHEDULE With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.		
SCHEDULE <input type="checkbox"/> ADDITIONAL INSURED FORM: <input checked="" type="checkbox"/> WAIVER OF RIGHT TO RECOVER FORM: CG2404 <input type="checkbox"/> PRIMARY AND NONCONTRIBUTORY FORM:		
NAME OF PERSON OR ORGANIZATION:      Milwaukee County Department of Child Support Services		
ADDRESS:      901 N 9 <sup>th</sup> St Rm 101 Milwaukee, WI 53233		
DESCRIPTION (JOB #/SITE):		

\_\_\_\_\_  
Authorized Representative Signature



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 10/19/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> ALPER SERVICES LLC 60 West Superior Street Chicago IL 60654		<b>CONTACT</b> NAME: Carole Hartman PHONE (A/C No. Ext): (312) 642-1000 E-MAIL ADDRESS: FAX (A/C No): (312) 944-7000															
<b>INSURED</b> Next Door Foundation 2545 N. 29th St Milwaukee WI 53210		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Harleysville Lake States Ins.</td> <td>26662</td> </tr> <tr> <td>INSURER B: Milwaukee Casualty Insurance</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Harleysville Lake States Ins.	26662	INSURER B: Milwaukee Casualty Insurance		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Harleysville Lake States Ins.	26662																
INSURER B: Milwaukee Casualty Insurance																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES		CERTIFICATE NUMBER: GL, Auto, Umb, Wc, Prop		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL (SUBR) INSR (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Includes <input checked="" type="checkbox"/> Blkt Employee Dishonesty GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X Y	MPA00000065504P Limit: \$500,000/bed: \$1,000	12/1/2014	12/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 75,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Comp Ded: \$500 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Coll Ded: \$1,000		BA00000065505P	12/1/2014	12/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CMB00000065506P	12/1/2014	12/1/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	MWC1007383	12/31/2014	12/31/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property-Special/RC/ Agreed Value		MPA00000065504P	12/1/2014	12/1/2015	Bldg Bldg & BPP Limit \$10,275,200 Deductible (Each Occurrence) \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Milwaukee County Dept. of Child Support Services is named as an additional insured as respects General Liability by written contract as required by the policy. Waiver of Subrogation applies in favor of Milwaukee County Dept. of Child Support Services by written contract as required by the policy  
 Note: 10 day notice of cancellation applies for non-payment of premium

## CERTIFICATE HOLDER

Milwaukee County Dept. of  
 Child Support Services  
 901 N. 9th St.  
 Room 101  
 Milwaukee, WI 53233-1425

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Bobette Puckett/RE

**CG-7308**  
**(Ed. 12-10)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## HUMAN SERVICES LIABILITY ENDORSEMENT

It is understood and agreed that the following extensions only apply in the event that no other more specific coverage for the indicated loss exposure is provided by your policy in addition to the coverages provided by the Commercial General Liability Coverage form (CG 00 01). If such other more specific coverage applies, the terms, conditions and limits of such other more specific coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page Number
Damage to Premises Rented to You	\$1,000,000	2
Extended Property Damage	Included	2
Non-Owned Watercraft	Less than 58 feet	2
Medical Payments	\$20,000	3
Medical Payments-Extended Reporting Period	3 years	3
Athletic Activities	Amended	3
Supplementary Payments – Bail Bonds	\$2,500	3
Supplementary Payment – Loss of Earnings	\$500 per day	3
Employee Indemnification Defense Coverage for Employee	\$25,000	3
Additional Insured – Medical Directors and Administrators	Included	4
Additional Insured – Managers and Supervisors	Included	4
Additional Insured – Broadened Named Insured	Included	4
Additional Insured – Funding Source	Included	4
Additional Insured – Home Care Providers	Included	4
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	4
Additional Insured – Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You	Included	4
Additional Insured – Grantors of Permits	Included	4
Limited Rental Lease Agreement Contractual Liability	\$100,000 limit	5
Damage to Property You Own, Rent or Occupy	\$50,000 limit	5
Transfer of Rights of Recovery Against Others To Us	Clarification	5
Duties in the Event of Occurrence, Claim or Suit	Included	5
Unintentional Failure to Disclose Hazards	Included	6
Liberalization	Included	6
Bodily Injury – Includes Mental Anguish	Included	6
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	6
Key and Lock Replacement – Janitorial Services Client Coverage	\$5,000 Limit	7

**A. Damage to Premises Rented to You**

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke or leakage from automatic fire protective systems" where it appears in:
  - a. The last paragraph of SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions;
  - b. The first paragraph immediately following Exclusion j.(6) of SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY under Subsection 2. Exclusions
  - c. SECTION III – LIMITS OF INSURANCE, Paragraph 6.;
  - d. SECTION V – DEFINITIONS, Paragraph 9.a.
2. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the term "Fire insurance" is changed to "insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems where it appears in:
  - a. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Subsection 4. Other Insurance, Paragraph b. Excess Insurance, items b.(1)(a)(ii).
3. The Damage to Premises Rented to You Limit shown on the Declarations is deleted and replaced by \$1,000,000. \$1,000,000 is the only limit of liability for Damage to Premises Rented to You and this limit will not be combined with the limit shown on the Declarations for this coverage. This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

Provided, however, that if you assume liability in a contract or agreement regarding the rental or lease of a premises on behalf of your client, this Damage to Premises Rented by You limit is superceded and replaced by the limit of insurance provided by Section I. Limited Rental Lease Agreement Contractual Liability of this endorsement. The term client as used in this section has the same meaning as provided by Section I. Limited Rental Lease Agreement Contractual Liability herein.

**B. Extended "Property Damage"**

**SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions, Paragraph a.** Is deleted and replaced by the following:

**a. Expected or Intended Injury**

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

**C. Non-Owned Watercraft**

**SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions, Paragraph g. (2)** is amended to read as follows:

(2) A watercraft you do not own that is:

- (a) Less than 58 feet long; and
- (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

**D. Medical Payments – Limit Increased to \$20,000, Extended Reporting Period**

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit shown on the Declarations is deleted and replaced by \$20,000. \$20,000 is the only limit of insurance for Medical Expenses and this limit will not be combined with the limit shown on the Declarations for this coverage.
2. **COVERAGE C MEDICAL PAYMENTS**, Subsection 1. **Insuring Agreement**, the second part of Paragraph a. is amended to read:  
provided that:  
(b) The expenses are incurred and reported to us within three years of the date of the accident;

**E. Athletic Activities**

**SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS**, Subsection 2. **Exclusions**, Exclusion e. **Athletic Activities** is deleted and replaced with the following:

**e. Athletic Activities**

To a person while practicing or participating in any physical exercises or games, sports, or athletic contests. This exclusion shall not apply to an insured while providing instruction with respect to any of the activities otherwise excluded by this provision.

**F. Supplementary Payments**

Under the **SUPPLEMENTARY PAYMENTS – COVERAGE A AND B** provision, items 1.b. and 1.d. are amended as follows:

1. The limit for the cost of bail bonds is changed from \$250 to \$2,500; and
2. The limit for loss of earnings is changed from \$250 a day to \$500 a day.

**G. Employee Indemnification Defense Coverage**

Under the **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** provision, the following is added:

3. We will reimburse you for defense costs that you incur in the defense of an "employee" who is directly involved in a criminal proceeding that arises out of such "employee's" acts or omissions within the scope of their employment by you or while performing duties related to the conduct of your business and which would otherwise be covered by this insurance.

The most we will reimburse you for defense costs that you incur in the defense of an "employee" who is alleged to be directly involved in a criminal proceeding is \$25,000, subject to an aggregate limit of \$25,000 for all reimbursements that we make during the policy period on behalf of all "employees", regardless of the numbers of "employees", claims or "suits" brought or persons or organizations making claims or bringing "suits".

**H. SECTION II – WHO IS AN INSURED** is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this Coverage Part, Paragraph 3.a. is changed to read:  
(a) Coverage under this provision is afforded until the end of the policy period during which you acquired or formed the organization.

2. Each of the following is also an insured:

- a. **Medical Directors and Administrators** – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services as a physician or psychiatrist in the treatment of a patient.
- b. **Managers** – If you are a limited liability company, your managers are also insureds, but only with respect to their duties as your managers. For purposes of this paragraph b., the term manager means a person serving in a directorial capacity for a limited liability company.
- c. **Broadened Named Insured** – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as a Named Insured, if they are also insured under another similar policy, or would have been insured but for such policy's termination or the exhaustion of its limits of insurance.
- d. **Funding Source** – Any person or organization with respect to their liability arising out of: – – – – –
  - (1) Their financial control of you; or
  - (2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to:

  - (1) Any "occurrence" or offense which takes place after you cease to lease or occupy that premises; or
  - (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
- e. **Home Care Providers** – At the first Named Insured's option, any person or organization under your direct supervision and control while providing on your behalf private home respite or foster home care for the developmentally disabled.
- f. **Managers, Landlords, or Lessors of Premises** – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:
 

This insurance does not apply to:

  - (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
  - (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
- g. **Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You** – Any person or organization from whom you lease equipment when you and such organization or person have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization and only as specified by such written contract or agreement.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

- h. **Grantors of Permits** – Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:
  - (1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent, or control and to which this insurance applies:
    - (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
    - (b) The construction, erection, or removal of elevators; or
    - (c) The ownership, maintenance, or use of any elevators covered by this insurance.

**I. Limited Rental Lease Agreement Contractual Liability**

The following is added to paragraph (2) of Exclusion **b. Contractual Liability** of **SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, under Subsection **2. Exclusions**:

We agree to indemnify the Named Insured for their liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$100,000 per "occurrence". This limit of insurance is the only limit of insurance for your liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of your client whether or not such contract qualifies as an "insured contract". This limit will not be combined with the Each Occurrence Limit set forth in **Section III – Limits of Insurance** and is included within and not in addition to the Each Occurrence Limit. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

Any and all damages paid under the terms and conditions of this provision will further be applied against and will reduce the Aggregate Limit of Insurance shown on the Declarations page, as provided in the Commercial General Liability Coverage Form in the same manner and in addition to all other coverages of the Commercial General Liability Coverage Form that are also subject to the Aggregate Limit.

**J. Damage to Property You Own, Rent or Occupy**

**SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**, Paragraph **j. Damage to Property**, Item (1) is deleted in this entirely and replaced with the following:

Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, in which case we will provide coverage for such "property damage" for which you are legally obligated to pay up to a \$50,000 limit per "occurrence". This limit is the only limit of insurance for such "property damage" and will not be combined with the Each Occurrence Limit set forth in **Section III – Limits of Insurance** and will be included within and not be in addition to the Each Occurrence Limit. A client, as used in this provision, is defined as a person under your direct care and supervision for whom you are providing goods and/or services.

Any and all damages paid under the terms and conditions of this provision will further be applied against and will reduce the Aggregate Limit of Insurance shown on the Declarations page, as provided in the Commercial General Liability Coverage Form in the same manner and in addition to all other coverages of the Commercial General Liability Coverage Form that are also subject to the Aggregate Limit.

**K. Transfer of Rights of Recovery Against Others To Us**

As a clarification, the following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph **8. Transfer of Rights of Recovery Against Others To Us**:

Therefore, the insured can waive the Insurer's Rights of Recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

**L. Duties in the Event of Occurrence, Claim or Suit**

1. The requirement in Paragraph **2.a.** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** that you must see to it that we are notified as soon as practicable of an "occurrence" or an offense, applies only when the "occurrence" or offense is known to:

- a. You, if you are an individual;
- b. A partner, if you are a partnership; or
- c. An executive officer or insurance manager, if you are a corporation.

2. The requirement in Paragraph **2.b.** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** that you must see to it that we receive notice of a claim or "suit" as soon as practicable will not be considered breached unless the breach occurs after such claim or "suit" is known to:

- a. You, if you are an individual;
- b. A partner, if you are a partnership; or
- c. An executive officer or insurance manager, if you are a corporation.

**M. Unintentional Failure to Disclose Hazards**

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

**N. Liberalization**

If we make a change which broadens coverage under this edition of this endorsement without additional premium charge, that change will automatically apply to your insurance as of the date we implement the change in your state, provided that this implementation date falls within 45 days prior to or during the policy period stated in the Declarations.

This Liberalization Clause does not apply to changes implemented with a general program revision that includes both broadenings and restrictions in coverage, whether that general program revision is implemented through introduction of:

1. A subsequent edition of this endorsement; or
2. Another amendatory endorsement.

**O. Bodily Injury – Mental Anguish**

**SECTION V – DEFINITIONS**, Paragraph 3. is deleted in its entirety and replaced by the following:

"Bodily Injury":

- a. Means bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (Item a. above) at any time.

**P. Personal and Advertising Injury – Abuse of Process, Discrimination**

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

1. **SECTION V – DEFINITIONS**, Paragraph 14.b. is revised to read:

b. Malicious prosecution or abuse of process;

2. **SECTION V – DEFINITIONS**, Paragraph 14. is amended to include the following:

"Personal and advertising injury" also means injury, including consequential "bodily injury", arising out of discrimination based on race, color, religion, sex, age or national origin, except when:

- (1) Done intentionally by or at the direction of, or with the knowledge or consent of:

(a) Any insured; or

(b) Any executive officer, director, stockholder, partner or member of the insured; or

- (2) Directly or indirectly related to the employment, former or prospective employment, termination of employment, demotion, failure to promote or application for employment of any person or persons by an insured; or

- (3) Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or

- (4) Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

This coverage does not apply to fines or penalties imposed because of discrimination.

**Q. Key and Lock Replacement – Janitorial Services Client Coverage**

1. We will pay for the cost to replace keys and locks at the "client's" premises due to theft or other loss to keys entrusted to you by your "client", up to a \$5,000 limit per occurrence/\$5,000 policy aggregate.
2. We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, "employees", "managers", directors, trustees, authorized representatives or any one to whom you entrust the keys of a "client" for any purpose commit, whether acting alone or in collusion with other persons.
3. The following, when used in this coverage only, are defined as follows:
  - a. "Client" means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and have billed for your services.
  - b. "Employee" means:
    - (1) Any natural person:
      - (a) While in your services or for 30 days after termination of service;
      - (b) Who you compensate directly by salary, wages or commissions; and
      - (c) Who you have the right to direct and control while performing services for you; or
    - (2) Any natural person who is furnished temporarily to you:
      - (a) To substitute for a permanent "employee" as defined in Paragraph 1. above, who is on leave; or
      - (b) To meet seasonal or short-term workload conditions; while that person is subject to your direction and control and performing services for you.
    - (3) "Employee" does not mean:
      - (a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
      - (b) Any "manager", director or trustee except while performing acts coming within the scope of the usual duties of an "employee".
  - c. "Manager" means a person serving in a directorial capacity for a limited liability company.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/19/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>GBG INC</b> <b>40 W 162nd St</b> <b>South Holland, IL 60473</b>	<b>CONTACT NAME:</b> Charles Hilson <b>PHONE (AC, No, Ext):</b> (708) 333-3378 <b>FAX (AC, No):</b> (708) 333-3387 <b>E-MAIL ADDRESS:</b> chilson@gbgins.com														
<b>INSURED</b> <b>Northcott Neighborhood House, Inc.</b> <b>2460 North 6th Street</b> <b>Milwaukee, WI 53212</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC#</th> </tr> <tr> <td>INSURER A: Scottsdale Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Travelers Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER C: Mt. Hawley Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D: Torus Specialty Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A: Scottsdale Insurance Company		INSURER B: Travelers Insurance Co.		INSURER C: Mt. Hawley Insurance Company		INSURER D: Torus Specialty Insurance Co.		INSURER E:		INSURER F:	
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INSURER F:															

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CPS1839015	07/15/15	07/15/16	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPROP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			BA4A087726	07/15/15	07/15/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
D	UMBRELLA LIAB			83670G141ALI	07/15/15	07/15/16	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 4,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
C	Contractors Pollution			EGL0002667	01/18/15	01/18/16	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The certificate holder is an additional insured, solely as their interest relate to the named insured's operations.

## CERTIFICATE HOLDER

## CANCELLATION

Milwaukee County  
 Department of Child Support Services  
 901 North 9th Street, Room 101  
 Milwaukee, WI 53233

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 10/20/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Robbins Insurance Agency 8224 S King Drive Chicago, IL 60619	<b>CONTACT NAME:</b> PHONE (AC, No, Ext): (773) 783-6060 FAX (AC, No): (708) 333-3387 E-MAIL ADDRESS: mhillson@robbins-insurance.com <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Great American Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> CR-Social Development Commission 4041 North Richards Street Milwaukee, WI 53212	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INFO	SUBR YWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PAC711552-26	01/01/15	01/01/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAP7115553-26	01/01/15	01/01/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			UMB34937118-16	01/01/15	01/01/16	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Fidelity Bond Professional Liability			PAC711552-26	01/01/15	01/01/16	\$ 500,000 \$ 1,000,000/\$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder is an additional insured, solely as their interest relate to the named insured's operations. Note a Waiver of Subrogation is applicable to the general liability and umbrella liability.

## CERTIFICATE HOLDER

## CANCELLATION

Milwaukee County Department  
 of Child Support Services  
 901 North 9th Street, Rm 101  
 Milwaukee, WI 53233

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**CG 20 26**  
**(Ed. 07 04)**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following: PAC711552-26

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**Schedule**

**Name of Additional Insured Person(s) or Organization(s):**

Milwaukee County Department  
of Child Support Services  
901 North 9th Street, Room #101  
Milwaukee, WI 53233

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**SECTION II - WHO IS AN INSURED** is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** in the performance of your ongoing operations; or
- B.** in connection with your premises owned by or rented to you.



Administrative Offices  
301 E 4th Street  
Cincinnati OH 45202-4201  
513 369 5000 ph

CG 82 24  
(Ed. 12 01)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SOCIAL SERVICE AGENCY GENERAL LIABILITY BROADENING ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

#### **1. The following provision is added to SECTION II - WHO IS AN INSURED**

##### **5. AUTOMATIC ADDITIONAL INSURED(S)**

##### **a. Additional Insured - Manager or Lessor of Premises**

(1) This policy is amended to include as an Insured any person or organization (hereinafter called Additional Insured) from whom you lease or rent property and which requires you to add such person or organization as an Additional Insured on this policy under:

(a) a written contract; or

(b) an oral agreement or contract where a Certificate of Insurance showing that person or organization as an Additional Insured has been issued;

but the written or oral contract or agreement must be an "insured contract," and,

(i) currently in effect or become effective during the term of this policy; and

(ii) executed prior to the "bodily injury," "property damage," "personal and advertising injury."

(2) With respect to the insurance afforded the Additional Insured identified in Paragraph A.(1) of this endorsement, the following additional provisions apply:

(a) This Insurance applies only to liability arising out of the ownership, maintenance or use of that portion of the premises leased to you.

(b) The Limits of Insurance applicable to the Additional Insured are the lesser of those specified in the written contract or agreement or in the Declarations for this policy and subject to all the terms, conditions, and exclusions for this policy. The Limits of Insurance applicable to the Additional Insured are inclusive of and not in addition to the Limits of Insurance shown in the Declarations.

(c) In no event shall the coverages or Limits of Insurance in this Coverage Form be increased by such contract.

(d) Coverage provided herein is excess over any other valid and collectible insurance available to the Additional Insured whether the other insurance is primary, excess,

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contingent or on any other basis unless a written contractual arrangement specifically requires this Insurance to be primary.

**(3) This insurance does not apply to:**

- (a) Any "occurrence" or offense which takes place after you cease to be a tenant in that premises.
- (b) Structural alterations, new construction or demolition operations performed by or on behalf of the "Additional Insured."

**b. Additional Insured - Funding Sources**

(1) This policy is amended to include as an Insured any Funding Source which requires you in a written contract to name the Funding Source (hereinafter called Additional Insured) as an Insured but only with respect to liability arising out of your premises, "your work" for such Additional Insured, or acts or omissions of such Additional Insured in connection with the general supervision of "your work" and only to the extent set forth as follows:

- (a) The Limits of Insurance applicable to the Additional Insured are the lesser of those specified in the written contract or agreement or in the Declarations for this policy and subject to all the terms, conditions, and exclusions for this policy. The Limits of Insurance applicable to the Additional Insured are inclusive of and not in addition to the Limits of Insurance shown in the Declarations.
- (b) The coverage provided to the Additional Insured(s) is not greater than that cus-

tomarily provided by the policy forms specified in and required by the contract.

- (c) In no event shall the coverages of Limits of Insurance in this Coverage Form be increased by such contract.

**c. Additional Insured - Contractual Obligations**

(1) This policy is amended to include as an Insured any person or organization (hereinafter called Additional Insured) that you are required by a written "insured contract" to include as an Insured, subject to all of the following provisions:

(a) Coverage is limited to liability arising out of:

- (i) your ongoing operations performed for such Additional Insured; or
- (ii) that Insured's financial control of you; or
- (iii) the maintenance, operation or use by you of equipment leased to you by such Additional Insured; or
- (iv) a state or political subdivision permit issued to you.

(b) Coverage does not apply to any "occurrence" or offense:

- (i) which took place before the execution of, or subsequent to the completion or expiration of, the written "insured contract", or
- (ii) which takes place after you cease to be a tenant in that premises.

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(c) With respect to architects, engineers, or surveyors, coverage does not apply to "Bodily Injury," "Property Damage," "Personal and Advertising Injury" arising out of the rendering or the failure to render any professional services by or for you including:

- (i) the preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; and
- (ii) supervisory, inspection, or engineering services.

If an Additional Insured endorsement is attached to this policy and specifically names a person or organization as an Insured, then the coverage in Section II - **WHO IS AN INSURED** 5. Automatic Additional Insured(s) does not apply to that person or organization.

## 2. BLANKET WAIVER OF SUBROGATION

**SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, Item 8. Is replaced with:

### 8. Transfer of Rights of Recovery Against Others to us and Blanket Waiver of Subrogation

- a. If an Insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The Insured must do nothing after loss to impair them. At our request, the Insured will bring "suit" or transfer those rights to us and help us enforce them.
- b. If required by a written "Insured contract", we waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your

work" done under a contract for that person or organization and included in the "products-completed operations hazard."

## 3. NON-OWNED OR CHARTERED WATERCRAFT

**Section I - Coverages, Coverage A**, Item 2.g.(2) is replaced with:

(2) A watercraft you do not own that is:

- (a) less than 51 feet long; and
- (b) not being used to carry persons or property for a charge.

## 4. BROADENED PERSONAL AND ADVERTISING INJURY

Unless "Personal and Advertising Injury" is excluded from this policy:

**SECTION V - DEFINITIONS** Item 14. Is replaced by:

14. "Personal and Advertising Injury" means injury, including consequential "bodily injury," arising out of one or more of the following offenses:

- a. false arrest, detention or imprisonment;
- b. malicious prosecution;
- c. the wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies by or on behalf of its owner, landlord or lessor;
- d. oral, written, televised, videotaped, or electronic publication of material, in any manner, that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
- e. oral, written, televised, videotaped, or electronic publication of material, in any manner, that violates a person's right of privacy; or

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(Page 3 of 4)

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f. mental injury, mental anguish, humiliation, or shock, if directly resulting from Items 14.a. through 14.e.

g. the use of another's advertising idea in your "advertisement"; or

h. infringing upon another's copyright, trade dress or slogan in your "advertisement."

#### **5. MENTAL INJURY, MENTAL ANGUISH, HUMILIATION, OR SHOCK INCLUDED IN BODILY INJURY DEFINITION**

**Section V - Definitions**, Item 3. is replaced with:

3. "Bodily Injury" means physical injury, sickness, or disease, including death of a person. "Bodily Injury" also means mental injury, mental anguish, humiliation, or shock if directly resulting from physical injury, sickness, or disease to that person.

#### **6. MEDICAL PAYMENTS**

A. The Medical Expense Limit in Paragraph 7. of **SECTION III - LIMITS OF INSURANCE** is replaced by the following Medical Expense Limit.

The Medical Expense Limit provided by this policy shall be the greater of:

a. \$10,000; or

b. The amount shown in the Declarations for Medical Expense Limit.

B. This provision 7. is subject to all the terms of **SECTION III - LIMITS OF INSURANCE**.

C. This provision 7. does not apply if **COVERAGE C. MEDICAL PAYMENTS** is excluded either by the provisions of the Coverage Part or by endorsement.

#### **7. DAMAGE TO PREMISES RENTED TO YOU LIMIT**

A. **SECTION III - LIMITS OF INSURANCE**, Item 6. is replaced with:

Subject to 5. above, the Damage to Premises Rented to You Limit is the most we will pay under Coverage A for damages because of "property damage" to your building, or to personal property of others in your care, custody and control while at premises rented to you or temporarily occupied by you with permission of the owner, arising out of any one fire.

The Damage to Premises Rented To You Limit is replaced by the following Damage to Premises Rented To You Limit.

The Damage to Premises Rented To You Limit is the greater of:

(1) \$300,000; or

(2) the amount shown in the Declarations for Damage to Premises Rented to You Limit.

B. This provision is subject to all the terms of **SECTION III - LIMITS OF INSURANCE**.

C. This provision 5. does not apply if Damage to Premises Rent to You Liability of **COVERAGE A (SECTION I)** is excluded either by the provisions of the Coverage Part or by endorsement.

#### **8. SUPPLEMENTARY PAYMENTS**

A. In the **SUPPLEMENTARY PAYMENTS - COVERAGES A and B** provision, Item 1.b., and 1.d are replaced with:

1.b. Up to \$500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

1.d. All reasonable expenses incurred by the Insured at our request to assist us in the investigation or defense of the claim or "suit," including actual loss of earnings up to \$500 a day because of time off work.

This endorsement does not change any other provision of the policy.

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> HUB International Midwest Limited 55 East Jackson Boulevard Chicago IL 60604	<b>CONTACT NAME:</b> CSU Client Service Unit Midwest - West <b>PHONE (A/C, No, Ext):</b> 312-922-5000 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> CSUChicago@hubinternational.com														
<b>INSURED</b> United Migrant Opportunity Services Inc ATTN: Daniel Vidas 2701 South Chase Ave Milwaukee WI 53207	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Philadelphia Indemnity Insurance Co</td> <td>18058</td> </tr> <tr> <td><b>INSURER B:</b> Travelers Property Casualty Company</td> <td>25674</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Philadelphia Indemnity Insurance Co	18058	<b>INSURER B:</b> Travelers Property Casualty Company	25674	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>															
<b>INSURER F:</b>															

**COVERAGES****CERTIFICATE NUMBER:** 728369024**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof. Liab. 1M/3M GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK1357746	7/1/2015	7/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK1357746	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB505136	7/1/2015	7/1/2016	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB6B34704-8-15	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Abuse & Molestation			PHPK1357746	7/1/2015	7/1/2016	Per Claim 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Milwaukee County Department of Child Support Services included as Additional Insured. Waiver of Subrogation in favor of the additional insureds where required by contract

**CERTIFICATE HOLDER****CANCELLATION**

Milwaukee County Dept of Child Support Services  
 901 North 9th Street Suite 101  
 Milwaukee WI 53233

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Your Authorized Signature*

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****GENERAL LIABILITY DELUXE ENDORSEMENT:  
HUMAN SERVICES**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE**

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Extended Property Damage	Included	2
Limited Rental Lease Agreement Contractual Liability	\$50,000 limit	2
Non-Owned Watercraft	Less than 58 feet	2
Damage to Property You Own, Rent, or Occupy	\$30,000 limit	2
Damage to Premises Rented to You	\$1,000,000	3
HIPAA	Clarification	4
Medical Payments	\$20,000	5
Medical Payments – Extended Reporting Period	3 years	5
Athletic Activities	Amended	5
Supplementary Payments – Bail Bonds	\$5,000	5
Supplementary Payment – Loss of Earnings	\$1,000 per day	5
Employee Indemnification Defense Coverage	\$25,000	5
Key and Lock Replacement – Janitorial Services Client Coverage	\$10,000 limit	6
Additional Insured – Newly Acquired Time Period	Amended	6
Additional Insured – Medical Directors and Administrators	Included	7
Additional Insured – Managers and Supervisors (with Fellow Employee Coverage)	Included	7
Additional Insured – Broadened Named Insured	Included	7
Additional Insured – Funding Source	Included	7
Additional Insured – Home Care Providers	Included	7
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	7
Additional Insured – Lessor of Leased Equipment	Included	7
Additional Insured – Grantor of Permits	Included	8
Additional Insured – Vendor	Included	8
Additional Insured – Franchisor	Included	9
Additional Insured – When Required by Contract	Included	9
Additional Insured – Owners, Lessees, or Contractors	Included	9
Additional Insured – State or Political Subdivisions	Included	10

Duties in the Event of Occurrence, Claim or Suit	Included	10
Unintentional Failure to Disclose Hazards	Included	10
Transfer of Rights of Recovery Against Others To Us	Clarification	10
Liberalization	Included	11
Bodily Injury – includes Mental Anguish	Included	11
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	11

#### A. Extended Property Damage

##### SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection 2. **Exclusions**, Paragraph a. is deleted in its entirety and replaced by the following:

##### a. Expected or Intended Injury

"Bodily injury" or property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

#### B. Limited Rental Lease Agreement Contractual Liability

##### SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection 2. **Exclusions**, Paragraph b. **Contractual Liability** is amended to include the following:

- (3) Based on the named insured's request at the time of claim, we agree to indemnify the named insured for their liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$50,000. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

#### C. Non-Owned Watercraft

##### SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection 2. **Exclusions**, Paragraph g. (2) is deleted in its entirety and replaced by the following:

- (2) A watercraft you do not own that is:

- (a) Less than 58 feet long; and

- (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

#### D. Damage to Property You Own, Rent or Occupy

##### SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

**LIABILITY, Subsection 2. Exclusions, Paragraph j. Damage to Property, Item (1)** is deleted in its entirety and replaced with the following:

- (1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, up to a \$30,000 limit. A client is defined as a person under your direct care and supervision.

**E. Damage to Premises Rented to You**

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:

- a. The last paragraph of **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions**; is deleted in its entirety and replaced by the following:

Exclusions c. through n. do not apply to damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III – LIMITS OF INSURANCE**.

- b. **SECTION III – LIMITS OF INSURANCE, Paragraph 6.** is deleted in its entirety and replaced by the following:

Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems while rented to you or temporarily occupied by you with permission of the owner.

- c. **SECTION V – DEFINITIONS, Paragraph 9.a.,** is deleted in its entirety and replaced by the following:

A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

2. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Subsection 4. Other Insurance, Paragraph b. Excess Insurance, (1) (a) (ii)** is deleted in its entirety and replaced by the following:

That is insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems for premises rented to you or temporarily occupied by you with permission of the owner;

3. The Damage To Premises Rented To You Limit section of the Declarations is amended to the greater of:

- a. \$1,000,000; or
- b. The amount shown in the Declarations as the Damage to Premises Rented to You Limit.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

#### F. HIPAA

**SECTION I – COVERAGES, COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY,** is amended as follows:

1. Paragraph 1. **Insuring Agreement** is amended to include the following:

We will pay those sums that the insured becomes legally obligated to pay as damages because of a "violation(s)" of the Health Insurance Portability and Accountability Act (HIPAA). We have the right and the duty to defend the insured against any "suit," "investigation," or "civil proceeding" seeking these damages. However, we will have no duty to defend the insured against any "suit" seeking damages, "investigation," or "civil proceeding" to which this insurance does not apply.

2. Paragraph 2. **Exclusions** is amended to include the following additional exclusions:

This insurance does not apply to:

- a. **Intentional, Willful, or Deliberate Violations**

Any willful, intentional, or deliberate "violation(s)" by any insured.

- b. **Criminal Acts**

Any "violation" which results in any criminal penalties under the HIPAA.

- c. **Other Remedies**

Any remedy other than monetary damages for penalties assessed.

- d. **Compliance Reviews or Audits**

Any compliance reviews by the Department of Health and Human Services.

3. **SECTION V – DEFINITIONS** is amended to include the following additional definitions:

- a. "Civil proceeding" means an action by the Department of Health and Human Services (HHS) arising out of "violations."
- b. "Investigation" means an examination of an actual or alleged "violation(s)" by HHS. However, "investigation" does not include a Compliance Review.
- c. "Violation" means the actual or alleged failure to comply with the regulations included in the HIPAA.

**G. Medical Payments – Limit Increased to \$20,000, Extended Reporting Period**

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit is changed subject to all of the terms of **SECTION III - LIMITS OF INSURANCE** to the greater of:
  - a. \$20,000; or
  - b. The Medical Expense Limit shown in the Declarations of this Coverage Part.
2. **SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS**, Subsection 1. Insuring Agreement, a. (3) (b) is deleted in its entirety and replaced by the following:
  - (b) The expenses are incurred and reported to us within three years of the date of the accident.

**H. Athletic Activities**

**SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS**, Subsection 2. Exclusions, Paragraph e. **Athletic Activities** is deleted in its entirety and replaced with the following:

**e. Athletic Activities**

To a person injured while taking part in athletics.

**I. Supplementary Payments**

**SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGE A AND B** are amended as follows:

1. b. is deleted in its entirety and replaced by the following:
  1. b. Up to \$5000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these.
- 1.d. is deleted in its entirety and replaced by the following:
  1. d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1,000 a day because of time off from work.

**J. Employee Indemnification Defense Coverage**

**SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** the following is added:

We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding occurring in the course of employment.

The most we will pay for any "employee" who is alleged to be directly involved in a criminal proceeding is \$25,000 regardless of the numbers of "employees," claims or "suits" brought or persons or organizations making claims or bringing "suits."

**K. Key and Lock Replacement – Janitorial Services Client Coverage**

**SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** is amended to include the following:

We will pay for the cost to replace keys and locks at the "clients" premises due to theft or other loss to keys entrusted to you by your "client," up to a \$10,000 limit per occurrence and \$10,000 policy aggregate.

We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, "employees", "managers", directors, trustees, authorized representatives or any one to whom you entrust the keys of a "client" for any purpose commit, whether acting alone or in collusion with other persons.

The following, when used on this coverage, are defined as follows:

- a. "Client" means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and have billed for your services.
- b. "Employee" means:
  - (1) Any natural person:
    - (a) While in your service or for 30 days after termination of service;
    - (b) Who you compensate directly by salary, wages or commissions; and
    - (c) Who you have the right to direct and control while performing services for you; or
  - (2) Any natural person who is furnished temporarily to you:
    - (a) To substitute for a permanent "employee" as defined in Paragraph (1) above, who is on leave; or
    - (b) To meet seasonal or short-term workload conditions;
 while that person is subject to your direction and control and performing services for you.
  - (3) "Employee" does not mean:
    - (a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
    - (b) Any "manager," director or trustee except while performing acts coming within the scope of the usual duties of an "employee."
- c. "Manager" means a person serving in a directorial capacity for a limited liability company.

**L. Additional Insureds**

**SECTION II – WHO IS AN INSURED** is amended as follows:

- 1. If coverage for newly acquired or formed organizations is not otherwise excluded from this

Coverage Part, Paragraph 3.a. is deleted in its entirety and replaced by the following:

- a. Coverage under this provision is afforded until the end of the policy period.
2. Each of the following is also an insured:
- a. **Medical Directors and Administrators** – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services of any physician or psychiatrist in the treatment of a patient.
  - b. **Managers and Supervisors** – Your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors. Managers and supervisors who are your "employees" are also insureds for "bodily injury" to a co-"employee" while in the course of his or her employment by you or performing duties related to the conduct of your business.

This provision does not change Item 2.a.(1)(a) as it applies to managers of a limited liability company.

- c. **Broadened Named Insured** – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.
- d. **Funding Source** – Any person or organization with respect to their liability arising out of:
  - (1) Their financial control of you; or
  - (2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

- e. **Home Care Providers** – At the first Named Insured's option, any person or organization under your direct supervision and control while providing for you private home respite or foster home care for the developmentally disabled.
- f. **Managers, Landlords, or Lessors of Premises** – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
  - (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
- g. **Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You** – Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or

organization is an insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

- h. Grantors of Permits** – Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:
- (1)** This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent or control and to which this insurance applies:
    - (a)** The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures;
    - (b)** The construction, erection, or removal of elevators; or
    - (c)** The ownership, maintenance, or use of any elevators covered by this insurance.
- i. Vendors** – Only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:
- (1)** The insurance afforded the vendor does not apply to:
    - (a)** "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
    - (b)** Any express warranty unauthorized by you;
    - (c)** Any physical or chemical change in the product made intentionally by the vendor;
    - (d)** Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
    - (e)** Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
    - (f)** Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
  - (i) The exceptions contained in Sub-paragraphs (d) or (f); or
  - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.
- j. **Franchisor** – Any person or organization with respect to their liability as the grantor of a franchise to you.
- k. **As Required by Contract** – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations
- l. **Owners, Lessees or Contractors** – Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - (1) Your acts or omissions; or
  - (2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**m. State or Political Subdivisions** – Any state or political subdivision as required, subject to the following provisions:

- (1) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit, and is required by contract.
- (2) This insurance does not apply to:
  - (a) "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
  - (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard."

**M. Duties in the Event of Occurrence, Claim or Suit**

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 2.** is amended as follows:

**a.** is amended to include:

This condition applies only when the "occurrence" or offense is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

**b.** is amended to include:

This condition will not be considered breached unless the breach occurs after such claim or "suit" is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

**N. Unintentional Failure To Disclose Hazards**

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 6. Representations** is amended to include the following:

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

**O. Transfer of Rights of Recovery Against Others To Us**

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 8. Transfer of Rights of**

**Recovery Against Others To Us** is deleted in its entirety and replaced by the following:

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

Therefore, the insured can waive the insurer's rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

**P. Liberalization**

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, is amended to include the following:

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

**Q. Bodily Injury – Mental Anguish**

**SECTION V – DEFINITIONS**, Paragraph 3. Is deleted in its entirety and replaced by the following:

"Bodily injury" means:

- a. Bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (Item a. above) at any time.

**R. Personal and Advertising Injury – Abuse of Process, Discrimination**

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

1. **SECTION V – DEFINITIONS**, Paragraph 14.b. is deleted in its entirety and replaced by the following:

- b. Malicious prosecution or abuse of process;

2. **SECTION V – DEFINITIONS**, Paragraph 14. is amended by adding the following:

Discrimination based on race, color, religion, sex, age or national origin, except when:

- a. Done intentionally by or at the direction of, or with the knowledge or consent of:
  - (1) Any insured; or
  - (2) Any executive officer, director, stockholder, partner or member of the insured;
- b. Directly or indirectly related to the employment, former or prospective employment, termination of employment, or application for employment of any person or persons by an insured;

- c. Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or
- d. Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

The above does not apply to fines or penalties imposed because of discrimination.

**CERTIFICATE OF COVERAGE  
STATE OF WISCONSIN**

This is to certify that the coverage described below is effective per the statute referenced. This certificate is not a policy or a binder of insurance and does not in any way alter, amend, or extend the coverage afforded by any reference herein. The coverage is subject to all terms and conditions of the statutory authority.

<b>STATE AGENCY:</b>	<b>CAMPUS NAME:</b>
Board of Regents of the University of Wisconsin System 780 Regent Street Madison, WI 53715	University of Wisconsin-Milwaukee
	<b>DATE ISSUED:</b> <b>OCTOBER 29, 2015</b>

<b>KIND OF COVERAGE</b>	<b>***</b>	<b>STATUTORY REFERENCES</b>
Worker's Compensation	XX	Ch. 102, Wisconsin Statutes
Liability	XX	§§ 895.46(1) and 893.82, Wisconsin Statutes
Automobile Liability	XX	§ 895.46, Wisconsin Statutes
Property		§§ 20.865 and 16.865, Wisconsin Statutes

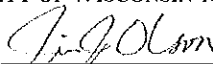
\*\*\* The entry of an "XX" in this column means that the coverage is afforded per this certificate and the statute referenced.

**DATES OF COVERAGE: OCTOBER 29, 2015 THROUGH OCTOBER 29, 2016**

**DESCRIPTION OF COVERAGE:**

Liability coverages are extended to faculty, staff, agents and students of the University of Wisconsin-Milwaukee (UWM) acting within the scope of their employment, duties, agency or approved coursework during any approved use of any property/facilities owned, operated, or managed by Milwaukee County. Coverage includes UWM involvement in collaborative programs and in particular the project entitled, "New Pathways for Fathers and Families."

The University of Wisconsin-Milwaukee is part of the University of Wisconsin System which is self-insured under the State of Wisconsin's Self-Funded Property and Liability Program, pursuant to Wisconsin statutes 893.82 and 895.46. Faculty and staff are covered under Worker's Compensation while participating in activities related to employment. Liability coverage includes: Comprehensive General, Public, Negligence, Auto, Professional, and Malpractice. This protection cannot be canceled, reduced or altered in any manner without legislative action.

<b>ISSUED TO:</b> <b>MILWAUKEE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES</b> <b>901 N. 9<sup>TH</sup> STREET, ROOM 101</b> <b>MILWAUKEE, WI 53233</b>	<b>ISSUED BY:</b> <b>UNIVERSITY SAFETY &amp; ASSURANCES</b> <b>UNIVERSITY OF WISCONSIN-MILWAUKEE</b>  <b>SIGNED:</b>  <b>JIM J. OLSON, RISK MANAGER</b>
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## Department of University Safety & Assurances

October 29, 2015

Amy Pechacek, Director of Risk Management  
Milwaukee County

RE: UWM Self-insured Entity

Hi Amy:

As you probably know, Wisconsin's statewide risk management program was created when the State Self-funded Liability Program was established in 1975 to pay for liabilities incurred by State officers, employees and agents while acting within the scope of their employment. In July 1980, the State Self-funded Property Program was established. Prior to that time, state-owned properties were included with a program administered by the State Insurance Commissioner's Office that included local government and other municipal properties.

Wis. Stats. s. 16.865 authorizes the Bureau of State Risk Management to manage statewide self-funded programs to finance losses arising from state liability and damage to state property.

The University of Wisconsin – Milwaukee, as an entity of the State, is thereby self-insured for liability protection pursuant to the following statutes:

- Wis. Stats., s. 20.505(2)(k) provides funds to pay for costs incurred by the State's Self-funded Property and Liability Programs.
- Wis. Stats., s. 895.46 provides for the payment of judgements taken against State officers, employees and agents while performing duties within the scope of their employment.
- Wis. Stats., s. 893.82 establishes claim procedures and sets time requirements for filing a notice of claim against a state employee. It also places a limit on the amounts recoverable in civil actions or civil proceedings against any state officer, employee or agent.

I hope this will satisfy the County's requirements. Please advise if you require anything further.

Sincerely,

A handwritten signature in blue ink that reads "Jim J. Olson". The signature is written in a cursive style with a large, stylized "J" and "O".

Jim J. Olson  
AGENCY RISK MANAGER

Jim J. Olson  
Risk Manager  
Engelmann Hall 270  
P.O. Box 413  
Milwaukee, WI 53201-0413  
414 750-4699 cell  
414 229-6729 fax  
[olson69@uwm.edu](mailto:olson69@uwm.edu)  
[www4.uwm.edu/usa/](http://www4.uwm.edu/usa/)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/30/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> M3 Insurance Solutions, Inc. P.O. Box 8950 Madison WI 53708-8950	<b>CONTACT</b> NAME: Kelsey Jacobson PHONE (A/C, No, Ext): (608) 273-0655 FAX (A/C, No): (608) 273-1725 E-MAIL: kelsey.jacobson@m3ins.com ADDRESS: PRODUCER CUSTOMER ID #: 														
<b>INSURED</b> Wisconsin Community Services, Inc. 3732 W. Wisconsin Ave., Rm 200 Milwaukee WI 53208-3166	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Wisconsin Insurance Plan</td> <td></td> </tr> <tr> <td>INSURER B: West Bend Mutual Insurance</td> <td>15350</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Wisconsin Insurance Plan		INSURER B: West Bend Mutual Insurance	15350	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**

CERTIFICATE NUMBER: 1577399295

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		NST0449672	2/9/2015	2/9/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$200,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		NST0449672	2/9/2015	2/9/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	2E042720	2/9/2015	2/9/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is listed as an Additional Insured to the extent required by contract. Waiver of Subrogation applies to Workers' Compensation.

**CERTIFICATE HOLDER****CANCELLATION**

Milwaukee County Division of Child Support Pathways  
to Responsible Fatherhood Project  
901 N. 9th Street, Room 101  
Milwaukee WI 53233

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2009 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

WISCREG-01

CHOFFMAN

DATE (MM/DD/YYYY)

10/21/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**

Robertson Ryan - Waukesha  
20975 Swenson Drive, Suite 175  
Waukesha, WI 53186

**CONTACT****NAME:****PHONE**

(A/C, H/O, Ext): (414) 271-3575

**FAX**

(A/C, No): (262) 717-9434

**E-MAIL****ADDRESS:****INSURER(S) AFFORDING COVERAGE****HAIC #**

INSURER A: The Cincinnati Insurance Company

10677

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**

Wisconsin Regional Training Partnership  
3841 W. Wisconsin Ave  
Milwaukee, WI 53208

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			EPP0195598	05/26/2015	05/26/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EBL AGGREGATE \$ 3,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EPA0195598	05/26/2015	05/26/2016	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0195598	05/26/2015	05/26/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC2132829	05/26/2015	05/26/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Milwaukee County Department of Child Support Services, 901 N. 9th Street, Room 101, Milwaukee, WI 53233 is included as an Additional Insured and a Waiver of Subrogation in their favor on the General Liability policy.

**CERTIFICATE HOLDER****CANCELLATION**

Milwaukee County Dept of Child Support Services  
901 N. 9th Street, Room 101  
Milwaukee, WI 53233

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

*Paul F. Kiley*

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED PERSON  
OR ORGANIZATION**

This endorsement modifies Insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**Name of Person or Organization:**

Milwaukee County Dept of Child Support Services  
901 N. 9<sup>th</sup> Street, Room 101  
Milwaukee, WI 53233

**A. SECTION II - WHO IS AN INSURED** is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of your operations or premises owned by or rented to you.

**B. The following exclusion is added to SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions and SECTION I - COVERAGES, COVERAGE B. PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions:**

The Insurance provided to the additional insured does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the sole negligence or willful misconduct of, or for defects in design furnished by, the additional insured or its "employees".

**C. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance** is amended to include:

Any insurance provided by this endorsement shall be primary to other insurance available to the additional insured except:

- a. As otherwise provided in **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance**; or
- b. For any other valid and collectible insurance available to the additional insured as an additional insured by attachment of an endorsement to another insurance policy that is written on an excess basis. In such case, the coverage provided under this endorsement shall also be excess.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **COMMERCIAL GENERAL LIABILITY BROADENED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

#### **A. Endorsement - Table of Contents:**

<u>Coverage:</u>	<u>Begins on Page:</u>
1. Employee Benefit Liability Coverage.....	2
2. Unintentional Failure to Disclose Hazards .....	7
3. Damage to Premises Rented to You .....	7
4. Supplementary Payments .....	9
5. Medical Payments.....	9
6. 180 Day Coverage for Newly Formed or Acquired Organizations .....	9
7. Waiver of Subrogation .....	9
8. Automatic Additional Insured - Specified Relationships: .....	9
• Managers or Lessors of Premises;	
• Lessor of Leased Equipment;	
• Vendors; and	
• State or Political Subdivisions - Permits Relating to Premises	
9. Property Damage to Borrowed Equipment .....	12
10. Employees as Insureds - Specified Health Care Services: .....	12
• Nurses;	
• Emergency Medical Technicians; and	
• Paramedics	
11. Broadened Notice of Occurrence.....	12

#### **B. Limits of Insurance:**

The Commercial General Liability Limits of Insurance apply to the insurance provided by this endorsement, except as provided below:

##### **1. Employee Benefit Liability Coverage**

Each Employee Limit: \$ 1,000,000  
Aggregate Limit: \$ 3,000,000  
Deductible: \$ 1,000

##### **3. Damage to Premises Rented to You**

The lesser of:

- a. The Each Occurrence Limit shown in the Declarations; or
- b. \$500,000 unless otherwise stated \$ \_\_\_\_\_

##### **4. Supplementary Payments**

- a. Bail bonds: \$ 1,000
- b. Loss of earnings: \$ 350

##### **5. Medical Payments**

Medical Expense Limit: \$ 10,000

##### **9. Property Damage to Borrowed Equipment**

Each Occurrence Limit: \$ 10,000  
Deductible: \$ 250

## C. Coverages

### 1. Employee Benefit Liability Coverage

- a. The following is added to **SECTION I - COVERAGES: Employee Benefit Liability Coverage.**

#### (1) Insuring Agreement

- (a) We will pay those sums that the insured becomes legally obligated to pay as damages caused by any act, error or omission of the insured, or of any other person for whose acts the insured is legally liable, to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend against any "suit" seeking damages to which this insurance does not apply. We may, at our discretion, investigate any report of an act, error or omission and settle any claim or "suit" that may result. But:

- 1) The amount we will pay for damages is limited as described in **SECTION III - LIMITS OF INSURANCE**; and
- 2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments.

- (b) This insurance applies to damages only if the act, error or omission, is negligently committed in the "administration" of your "employee benefit program"; and

- 1) Occurs during the policy period; or
- 2) Occurred prior to the effective date of this endorsement provided:

- a) You did not have knowledge of a claim or "suit" on or before the effective date of this endorsement.

You will be deemed to have knowledge of a claim or "suit" when any "authorized representative";

- I) Reports all, or any part, of the act, error or omission to us or any other insurer;
- II) Receives a written or verbal demand or claim for damages because of the act, error or omission; and

- b) There is no other applicable insurance.

#### (2) Exclusions

This insurance does not apply to:

- (a) **Bodily Injury, Property Damage or Personal and Advertising Injury**

"Bodily Injury", "property damage" or "personal and advertising injury".

- (b) **Dishonest, Fraudulent, Criminal or Malicious Act**

Damages arising out of any intentional, dishonest, fraudulent, criminal or malicious act, error or omission, committed by any insured, including the willful or reckless violation of any statute.

- (c) **Failure to Perform a Contract**

Damages arising out of failure of performance of contract by any insurer.

- (d) **Insufficiency of Funds**

Damages arising out of an insufficiency of funds to

meet any obligations under any plan included in the "employee benefit program".

**(e) Inadequacy of Performance of Investment / Advice Given With Respect to Participation**

Any claim based upon:

- 1) Failure of any investment to perform;
- 2) Errors in providing information on past performance of investment vehicles; or
- 3) Advice given to any person with respect to that person's decision to participate or not to participate in any plan included in the "employee benefit program".

**(f) Workers' Compensation and Similar Laws**

Any claim arising out of your failure to comply with the mandatory provisions of any workers' compensation, unemployment compensation insurance, social security or disability benefits law or any similar law.

**(g) ERISA**

Damages for which any insured is liable because of liability imposed on a fiduciary by the Employee Retirement Income Security Act of 1974, as now or hereafter amended, or by any similar federal, state or local laws.

**(h) Available Benefits**

Any claim for benefits to the extent that such benefits are available, with reasonable effort and cooperation of the insured, from the applicable funds accrued or other collectible insurance.

**(i) Taxes, Fines or Penalties**

Taxes, fines or penalties, including those imposed under the Internal Revenue Code or any similar state or local law.

**(j) Employment-Related Practices**

Any liability arising out of any:

- (1) Refusal to employ;
- (2) Termination of employment;
- (3) Coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination or other employment-related practices, acts or omissions; or
- (4) Consequential liability as a result of (1), (2) or (3) above.

This exclusion applies whether the insured may be held liable as an employer or in any other capacity and to any obligation to share damages with or repay someone else who must pay damages because of the injury.

**(3) Supplementary Payments**

**SECTION I - COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGES A AND B** also apply to this Coverage.

**b. Who Is an Insured**

As respects Employee Benefit Liability Coverage, **SECTION II - WHO IS AN INSURED** is deleted in its entirety and replaced by the following:

**(1) If you are designated in the Declarations as:**

- (a) An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
- (b) A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds but only with respect to the conduct of your business.
- (c) A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insured.

eds, but only with respect to their duties as your managers.

- (d) An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
  - (e) A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.
- (2) Each of the following is also an insured:
- (a) Each of your "employees" who is or was authorized to administer your "employee benefit program".
  - (b) Any persons, organizations or "employees" having proper temporary authorization to administer your "employee benefit program" if you die, but only until your legal representative is appointed.
  - (c) Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.
- (3) Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if no other similar insurance applies to that organization. However, coverage under this provision:
- (a) Is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and
  - (b) Does not apply to any act, error or omission that was committed before you acquired or formed the organization.

### c. Limits of Insurance

As respects Employee Benefit Liability Coverage, **SECTION III - LIMITS OF INSURANCE** is deleted in its entirety and replaced by the following:

- (1) The Limits of Insurance shown in Section B. Limits of Insurance, 1. Employee Benefit Liability Coverage and the rules below fix the most we will pay regardless of the number of:
  - (a) Insureds;
  - (b) Claims made or "suits" brought;
  - (c) Persons or organizations making claims or bringing "suits";
  - (d) Acts, errors or omissions; or
  - (e) Benefits included in your "employee benefit program".
- (2) The Aggregate Limit shown in Section B. Limits of Insurance, 1. Employee Benefit Liability Coverage of this endorsement is the most we will pay for all damages because of acts, errors or omissions negligently committed in the "administration" of your "employee benefit program".
- (3) Subject to the limit described in (2) above, the Each Employee Limit shown in Section B. Limits of Insurance, 1. Employee Benefit Liability Coverage of this endorsement is the most we will pay for all damages sustained by any one "employee", including damages sustained by such "employees" dependents and beneficiaries, as a result of:
  - (a) An act, error or omission; or
  - (b) A series of related acts, errors or omissions, regardless of the amount of time that lapses between such acts, errors or omissions,

negligently committed in the "administration" of your "employee benefit program".

However, the amount paid under this endorsement shall not exceed, and will be subject to the limits and restrictions that apply to the payment of benefits in any plan included in the "employee benefit program".

**(4) Deductible Amount**

- (a) Our obligation to pay damages on behalf of the Insured applies only to the amount of damages in excess of the deductible amount stated in the Declarations as applicable to Each Employee. The limits of Insurance shall not be reduced by the amount of this deductible.
- (b) The deductible amount stated in the Declarations applies to all damages sustained by any one "employee", including such "employee's" dependents and beneficiaries, because of all acts, errors or omissions to which this Insurance applies.
- (c) The terms of this Insurance, including those with respect to:
  - 1) Our right and duty to defend the Insured against any "suits" seeking those damages; and
  - 2) Your duties, and the duties of any other involved Insured, in the event of an act, error or omission, or claim,
 apply irrespective of the application of the deductible amount.
- (d) We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as we have paid.

**d. Additional Conditions**

As respects Employee Benefit Liability Coverage, SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS is amended as follows:

- (1) Item 2. Duties in the Event of Occurrence, Offense, Claim or Suit is deleted in its entirety and replaced by the following:
  - 2. Duties in the Event of an Act, Error or Omission, or Claim or Suit

- a. You must see to it that we are notified as soon as practicable of an act, error or omission which may result in a claim. To the extent possible, notice should include:

- (1) What the act, error or omission was and when it occurred; and
- (2) The names and addresses of anyone who may suffer damages as a result of the act, error or omission.

- b. If a claim is made or "suit" is brought against any Insured, you must:

- (1) Immediately record the specifics of the claim or "suit" and the date received; and
- (2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

- c. You and any other involved Insured must:

- (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
- (2) Authorize us to obtain records and other information;
- (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and
- (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the Insured because of

an act, error or omission to which this Insurance may also apply.

- d. No Insured will, except at that Insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense without our consent.

- (2) Item 5. Other Insurance is deleted in its entirety and replaced by the following:

#### 5. Other Insurance

If other valid and collectible Insurance is available to the Insured for a loss we cover under this Coverage Part, our obligations are limited as follows:

##### a. Primary Insurance

This Insurance is primary except when c. below applies. If this Insurance is primary, our obligations are not affected unless any of the other Insurance is also primary. Then, we will share with all that other Insurance by the method described in b. below.

##### b. Method of Sharing

If all of the other Insurance permits contribution by equal shares, we will follow this method also. Under this approach each Insurer contributes equal amounts until it has paid its applicable limit of Insurance or none of the loss remains, whichever comes first.

If any of the other Insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each Insurer's share is based on the ratio of its applicable limit of Insurance to the total applicable limits of Insurance of all Insurers.

#### c. No Coverage

This Insurance shall not cover any loss for which the Insured is entitled to recovery under any other Insurance in force previous to the effective date of this Coverage Part.

#### e. Additional Definitions

As respects Employee Benefit Liability Coverage, SECTION V - DEFINITIONS is amended as follows:

- (1) The following definitions are added:

##### 1. "Administration" means:

- a. Providing information to "employees", including their dependents and beneficiaries, with respect to eligibility for or scope of "employee benefit programs";
- b. Interpreting the "employee benefit programs";
- c. Handling records in connection with the "employee benefit programs"; or
- d. Effecting, continuing or terminating any "employee's" participation in any benefit included in the "employee benefit program".

However, "administration" does not include:

- a. Handling payroll deductions; or
- b. The failure to effect or maintain any Insurance or adequate limits of coverage of Insurance, including but not limited to unemployment Insurance, social security benefits, workers' compensation and disability benefits.

- 2. "Cafeteria plans" means plans authorized by applicable law to allow "employees" to elect to pay for certain benefits with pre-tax dollars.

3. "Employee benefit programs" means a program providing some or all of the following benefits to "employees", whether provided through a "cafeteria plan" or otherwise:
  - a. Group life insurance; group accident or health insurance; dental, vision and hearing plans; and flexible spending accounts; provided that no one other than an "employee" may subscribe to such benefits and such benefits are made generally available to those "employees" who satisfy the plan's eligibility requirements;
  - b. Profit sharing plans, employee savings plans, employee stock ownership plans, pension plans and stock subscription plans, provided that no one other than an "employee" may subscribe to such benefits and such benefits are made generally available to all "employees" who are eligible under the plan for such benefits;
  - c. Unemployment insurance, social security benefits, workers' compensation and disability benefits; and
  - d. Vacation plans, including buy and sell programs; leave of absence programs, including military, maternity, family, and civil leave; tuition assistance plans; transportation and health club subsidies.
- (2) The following definitions are deleted in their entirety and replaced by the following:
  21. "Suit" means a civil proceeding in which money damages because of an act, error or omission to which this insurance applies are alleged. "Suit" includes:
    - a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent;
    - b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent; or
    - c. An appeal of a civil proceeding.
  8. "Employee" means a person actively employed, formerly employed, on leave of absence or disabled, or retired. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
2. Unintentional Failure to Disclose Hazards
 

**SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 7. Representations** is hereby amended by the addition of the following:

Based on our dependence upon your representations as to existing hazards, if unintentionally you should fail to disclose all such hazards at the inception date of your policy, we will not reject coverage under this Coverage Part based solely on such failure.
3. Damage to Premises Rented to You
  - a. The last Subparagraph of **SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions** is hereby deleted and replaced by the following:
 

Exclusions c. through q. do not apply to damage by fire, explosion, lightning, smoke or soot to premises while rented to you or temporarily occupied by you with permission of the owner.
  - b. The Insurance provided under **SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY** applies to "property damage" arising out of water damage to premises that are both rented to and occupied by you.
    - (1) As respects Water Damage Legal Liability, as provided in Paragraph 3.b, above:

The exclusions under **SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions**, other than 1. War and the Nuclear Energy Liability Exclusion, are deleted and the following are added:

This Insurance does not apply to:

(a) "Property damage":

- 1) Assumed in any contract; or
- 2) Loss caused by or resulting from any of the following:
  - a) Wear and tear;
  - b) Rust, corrosion, fungus, decay, deterioration, hidden or latent defect or any quality in property that causes it to damage or destroy itself;
  - c) Smog;
  - d) Mechanical breakdown including rupture or bursting caused by centrifugal force;
  - e) Settling, cracking, shrinking or expansion; or
  - f) Nesting or infestation, or discharge or release of waste products or secretions, by insects, birds, rodents or other animals.

(b) Loss caused directly or indirectly by any of the following:

- 1) Earthquake, volcanic eruption, landslide or any other earth movement;
- 2) Water that backs up or overflows from a sewer, drain or sump;
- 3) Water under the ground surface pressing on, or flowing or seeping through;

- a) Foundations, walls, floors or paved surfaces;
- b) Basements, whether paved or not; or
- c) Doors, windows or other openings.

(c) Loss caused by or resulting from water that leaks or flows from plumbing, heating, air conditioning, or fire protection systems caused by or resulting from freezing, unless:

- 1) You did your best to maintain heat in the building or structure; or
- 2) You drained the equipment and shut off the water supply if the heat was not maintained.

(d) Loss to or damage to:

- 1) Plumbing, heating, air conditioning, fire protection systems, or other equipment or appliances; or
- 2) The interior of any building or structure, or to personal property in the building or structure caused by or resulting from rain, snow, sleet or ice, whether driven by wind or not.

c. Limit of Insurance

The Damage to Premises Rented to You Limit as shown in the Declarations is amended as follows:

(2) Paragraph 6. of **SECTION III - LIMITS OF INSURANCE** is hereby deleted and replaced by the following:

6. Subject to 5. above, the Damage to Premises Rented to You Limit is the most we will pay under **COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY** for damages because of "property damage" to premises while rented to you or temporarily occupied by you with permission of the owner, arising out of any one "oc-

currence" to which this insurance applies.

- (3) The amount we will pay is limited as described in Section B, Limits of Insurance, 3. Damage to Premises Rented to You of this endorsement.

#### 4. Supplementary Payments

Under SECTION I - COVERAGE, SUPPLEMENTARY PAYMENTS - COVERAGES A AND B:

- a. Paragraph 2. is replaced by the following:

Up to the limit shown in Section B, Limits of Insurance, 4.a. Ball Bonds of this endorsement for cost of ball bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

- b. Paragraph 4. is replaced by the following:

All reasonable expenses incurred by the Insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to the limit shown in Section B, Limits of Insurance, 4.b. Loss of Earnings of this endorsement per day because of time off from work.

#### 5. Medical Payments

The Medical Expense Limit of Any One Person as stated in the Declarations is amended to the limit shown in Section B, Limits of Insurance, 5. Medical Payment of this endorsement.

#### 6. 180 Day Coverage for Newly Formed or Acquired Organizations

SECTION II - WHO IS AN INSURED is amended as follows:

Subparagraph a. of Paragraph 4. is hereby deleted and replaced by the following:

- a. Insurance under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

#### 7. Waiver of Subrogation

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 9. Transfer of Rights of Recovery Against Others to

Us is hereby amended by the addition of the following:

We waive any right of recovery we may have because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a written contract requiring such waiver with that person or organization and included in the "products-completed operations hazard". However, our rights may only be waived prior to the "occurrence" giving rise to the injury or damage for which we make payment under this Coverage Part. The Insured must do nothing after a loss to impair our rights. At our request, the Insured will bring "suit" or transfer those rights to us and help us enforce those rights.

#### 8. Automatic Additional Insured - Specified Relationships

- a. The following is hereby added to SECTION II - WHO IS AN INSURED:

- (1) Any person or organization described in Paragraph 8.a.(2) below (hereinafter referred to as additional insured) whom you are required to add as an additional insured under this Coverage Part by reason of:

- (a) A written contract or agreement; or
- (b) An oral agreement or contract where a certificate of insurance showing that person or organization as an additional insured has been issued.

Is an Insured, provided:

- (a) The written or oral contract or agreement is:

- 1) Currently in effect or becomes effective during the policy period; and
- 2) Executed prior to an "occurrence" or offense to which this Insurance would apply; and

- (b) They are not specifically named as an additional insured under any other provision of, or endorsement added to, this Coverage Part.

- (2) Only the following persons or organizations are additional insureds under this endorsement, and Insurance coverage provided to

such additional insureds is limited as provided herein:

- (a) The manager or lessor of a premises leased to you with whom you have agreed per Paragraph 8.a.(1) above to provide insurance, but only with respect to liability arising out of the ownership, maintenance or use of that part of a premises leased to you, subject to the following additional exclusions:

This insurance does not apply to:

- 1) Any "occurrence" which takes place after you cease to be a tenant in that premises.
  - 2) Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.
- (b) Any person or organization from which you lease equipment with whom you have agreed per Paragraph 8.a.(1) above to provide insurance. Such person(s) or organization(s) are insureds solely with respect to their liability arising out of the maintenance, operation or use by you of equipment leased to you by such person(s) or organization(s). However, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
- (c) Any person or organization (referred to below as vendor) with whom you have agreed per Paragraph 8.a.(1) above to provide insurance, but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:
- 1) The insurance afforded the vendor does not apply to:

- a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- b) Any express warranty unauthorized by you;
- c) Any physical or chemical change in the product made intentionally by the vendor;
- d) Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- g) Products which, after distribution or sale by you, have

been labeled or re-labeled or used as a container, part or ingredient of any other thing or substance by or for the vendor.

- 2) This insurance does not apply to any insured person or organization:

a) From whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products; or

b) When liability included within the "products-completed operations hazard" has been excluded under this Coverage Part with respect to such products.

- (d) Any state or political subdivision with which you have agreed per Paragraph 8.a.(1) above to provide insurance, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent or control and to which this insurance applies:

- 1) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, holst away openings, sidewalk vaults, street banners, or decorations and similar exposures; or
- 2) The construction, erection, or removal of elevators; or
- 3) The ownership, maintenance, or use of any

elevators covered by this insurance.

- (3) Any insurance provided to an additional insured designated under Paragraph 8.a.(2) Subparagraphs (a), (b) and (d) does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the sole negligence or willful misconduct of the additional insured or their agents, "employees" or any other representative of the additional insured.

**b. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** is hereby amended as follows:

Condition 5. Other Insurance is amended to include:

- (1) Where required by a written contract or agreement, this insurance is primary and / or noncontributory as respects any other insurance policy issued to the additional insured, and such other insurance policy shall be excess and / or noncontributing, whichever applies, with this insurance.

- (2) Any insurance provided by this endorsement shall be primary to other insurance available to the additional insured except:

(a) As otherwise provided in **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance, b. Excess Insurance**; or

(b) For any other valid and collectible insurance available to the additional insured as an additional insured by attachment of an endorsement to another insurance policy that is written on an excess basis. In such case, the coverage provided under this endorsement shall also be excess.

**9. Property Damage to Borrowed Equipment**

- a. The following is hereby added to Exclusion j. **Damage to Property of Paragraph 2., Exclusions of SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY.**

Paragraphs (3) and (4) of this exclusion do not apply to tools or equipment loaned to you, provided they are not being used to perform operations at the time of loss.

- b. With respect to the insurance provided by this section of the endorsement, the following additional provisions apply:

- (1) The Limits of Insurance shown in the Declarations are replaced by the limits designated in Section B. Limits of Insurance, 9. Property Damage to Borrowed Equipment of this endorsement with respect to coverage provided by this endorsement. These limits are inclusive of and not in addition to the limits being replaced. The Limits of Insurance shown in Section B. Limits of Insurance, 9. Property Damage to Borrowed Equipment of this endorsement fix the most we will pay in any one "occurrence" regardless of the number of:

- (a) Insureds;
- (b) Claims made or "suits" brought; or
- (c) Persons or organizations making claims or bring "suits".

(2) **Deductible Clause**

- (a) Our obligation to pay damages on your behalf applies only to the amount of damages for each "occurrence" which are in excess of the deductible amount stated in Section B. Limits of Insurance, 9. Property Damage to Borrowed Equipment of this endorsement. The limits of insurance will not be reduced by the application of such deductible amount.
- (b) **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 2. Duties in the Event of Occurrence, Offense, Claim or Suit**, applies to each claim or "suit" irrespective of the amount.
- (c) We may pay any part or all of the deductible amount to

effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

**10. Employees as Insureds - Specified Health Care Services**

It is hereby agreed that Paragraph 2.a.(1)(d) of **SECTION II - WHO IS AN INSURED**, does not apply to your "employees" who provide professional health care services on your behalf as duly licensed:

- a. Nurses;
- b. Emergency Medical Technicians; or
- c. Paramedics,

In the jurisdiction where an "occurrence" or offense to which this insurance applies takes place.

**11. Broadened Notice of Occurrence**

Paragraph a. of **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 2. Duties in the Event of Occurrence, Offense, Claim or Suit** is hereby deleted and replaced by the following:

- a. You must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:
  - (1) How, when and where the "occurrence" or offense took place;
  - (2) The names and addresses of any injured persons and witnesses; and
  - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

This requirement applies only when the "occurrence" or offense is known to an "authorized representative".

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b>		<b>CONTRACT TYPE</b>	
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse		Professional Service - Operating	
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse		Professional Service - Capital	
Community Business Development Partners, 8th Floor City Campus		Purchase of Service	
		Preliminary	Final
		X	
<b>DEPARTMENT NAME</b>		<b>AGENCY NO.</b>	<b>DEPARTMENT (HIGH) ORG</b>
Child Support Enforcement		243	2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>	<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>
95972		X		
<b>NAME OF VENDOR</b>		<b>ADDRESS</b>		
Alma Center Inc.		2821 N. 4th Street, 4th Floor		
		Milwaukee, WI 53212		
<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b>		<b>LENGTH OF CONTRACT (IN MONTHS)</b>	<b>AMENDMENT ONLY: DOLLAR CHANGE</b>
	begin date	end date		
	09/30/15	09/29/20	60	
				<b>TOTAL CONTRACT AMOUNT</b>
				\$ 50,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 2,500.00
2016	02	0001	243	2442			6149				\$ 10,000.00
2017	03	0001	243	2442			6149				\$ 10,000.00
2018	04	0001	243	2442			6149				\$ 10,000.00
2019	05	0001	243	2442			6149				\$ 10,000.00
2020	06	0001	243	2442			6149				\$ 7,500.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract fully executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

Mail to:

Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse

Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse  
Community Business Development Partners, 8th Floor City Campus**CONTRACT TYPE**

Professional Service - Operating

Professional Service - Capital

Purchase of Service

X

Preliminary

X

Final

**DEPARTMENT NAME**

Child Support Enforcement

AGENCY NO.

243

DEPARTMENT (HIGH) ORG

2430

**VENDOR INFORMATION**

VENDOR NO.

80924

ORDER TYPE

NEW or

AMEND

CONTRACT NO.

X

NAME OF VENDOR

ADDRESS

AMTC &amp; Associates

4759 N. Cumberland Blvd

Whiefish Bay, WI 53211

TAX I.D. NO.

EFFECTIVE DATES:

begin date

end date

LENGTH OF CONTRACT  
(IN MONTHS)AMENDMENT ONLY: DOLLAR  
CHANGETOTAL CONTRACT  
AMOUNT

09/30/15

09/29/20

60

\$1,091,761.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 53,409.00
2016	02	0001	243	2442			6149				\$ 216,164.50
2017	03	0001	243	2442			6149				\$ 223,750.00
2018	04	0001	243	2442			6149				\$ 223,750.00
2019	05	0001	243	2442			6149				\$ 219,531.25
2020	06	0001	243	2442			6149				\$ 155,156.25

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_

Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract **fully** executed prior to work being performed (all signatures received)?

☐ YES

☐ NO

Is Vendor a certified professional service DBE?

☐ YES

☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

Mail to:

Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse

Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse  
Community Business Development Partners, 8th Floor City Campus**CONTRACT TYPE**

Professional Service - Operating

Professional Service - Capital

Purchase of Service

X

Preliminary

X

Final

DEPARTMENT NAME

AGENCY NO.

DEPARTMENT (HIGH) ORG

Child Support Enforcement

243

2430

**VENDOR INFORMATION**

VENDOR NO.

ORDER TYPE

NEW or

AMEND

CONTRACT NO.

72143

X

NAME OF VENDOR

ADDRESS

Center for Self Sufficiency

4465 N. Oakland Ave Suite 200

Shorewood, WI 53211

TAX I.D. NO.

EFFECTIVE DATES:

begin date

end date

LENGTH OF CONTRACT  
(IN MONTHS)AMENDMENT ONLY: DOLLAR  
CHANGETOTAL CONTRACT  
AMOUNT

33-118674

09/30/15

09/29/20

60

\$500,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 25,000.00
2016	02	0001	243	2442			6149				\$ 100,000.00
2017	03	0001	243	2442			6149				\$ 100,000.00
2018	04	0001	243	2442			6149				\$ 100,000.00
2019	05	0001	243	2442			6149				\$ 100,000.00
2020	06	0001	243	2442			6149				\$ 75,000.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_

Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract **fully** executed prior to work being performed (all signatures received)?

☐ YES

☐ NO

Is Vendor a certified professional service DBE?

☐ YES

☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b>		<b>CONTRACT TYPE</b>	
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse		Professional Service - Operating	
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse		Professional Service - Capital	
Community Business Development Partners, 8th Floor City Campus		Purchase of Service	
		Preliminary	Final
		X	
<b>DEPARTMENT NAME</b>		<b>AGENCY NO.</b>	<b>DEPARTMENT (HIGH) ORG</b>
Child Support Enforcement		243	2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>	<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>
99748		X		
<b>NAME OF VENDOR</b>		<b>ADDRESS</b>		
Centro Legal		614 W. National Ave 2nd Floor		
		Milwaukee, WI 54204		
<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b>		<b>LENGTH OF CONTRACT (IN MONTHS)</b>	<b>AMENDMENT ONLY: DOLLAR CHANGE</b>
	begin date	end date		
	09/30/15	09/29/20	60	
				<b>TOTAL CONTRACT AMOUNT</b>
				\$250,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 12,500.00
2016	02	0001	243	2442			6149				\$ 50,000.00
2017	03	0001	243	2442			6149				\$ 50,000.00
2018	04	0001	243	2442			6149				\$ 50,000.00
2019	05	0001	243	2442			6149				\$ 50,000.00
2020	06	0001	243	2442			6149				\$ 37,500.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract fully executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Director

Title

Signature of County Administrator

Date

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b>		<b>CONTRACT TYPE</b>	
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse		Professional Service - Operating	
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse		Professional Service - Capital	
Community Business Development Partners, 8th Floor City Campus		Purchase of Service	
		Preliminary	Final
		X	
<b>DEPARTMENT NAME</b>		<b>DEPARTMENT (HIGH) ORG</b>	
Child Support Enforcement		243	2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>	<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>
72146		X		
<b>NAME OF VENDOR</b>		<b>ADDRESS</b>		
Compel Milwaukee		7161 N Port Washington Road		
(aka Compel Them to Come Inc)		Milwaukee, WI 53217		
<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b>	<b>LENGTH OF CONTRACT</b>	<b>AMENDMENT ONLY: DOLLAR</b>	<b>TOTAL CONTRACT</b>
	begin date end date	(IN MONTHS)	CHANGE	AMOUNT
	09/30/15 09/29/20	60		\$625,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 31,250.00
2016	02	0001	243	2442			6149				\$ 125,000.00
2017	03	0001	243	2442			6149				\$ 125,000.00
2018	04	0001	243	2442			6149				\$ 125,000.00
2019	05	0001	243	2442			6149				\$ 125,000.00
2020	06	0001	243	2442			6149				\$ 93,750.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract **fully** executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b> Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus		<b>CONTRACT TYPE</b> Professional Service - Operating Professional Service - Capital Purchase of Service <input checked="" type="checkbox"/>	
<b>DEPARTMENT NAME</b> Child Support Enforcement		Preliminary <input type="checkbox"/> X Final <input type="checkbox"/> <b>AGENCY NO.</b> 243	<b>DEPARTMENT (HIGH) ORG</b> 2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>		<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>	
95704			X			
<b>NAME OF VENDOR</b>			<b>ADDRESS</b>			
Community Advocates			728 N. James Lovell ST Milwaukee, WI 53223			
<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b>		<b>LENGTH OF CONTRACT</b>		<b>AMENDMENT ONLY: DOLLAR</b>	<b>TOTAL CONTRACT</b>
	begin date	end date	(IN MONTHS)		CHANGE	AMOUNT
	09/30/15	09/29/20	60			\$625,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 31,250.00
2016	02	0001	243	2442			6149				\$ 125,000.00
2017	03	0001	243	2442			6149				\$ 125,000.00
2018	04	0001	243	2442			6149				\$ 125,000.00
2019	05	0001	243	2442			6149				\$ 125,000.00
2020	06	0001	243	2442			6149				\$ 93,750.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract fully executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b>		<b>CONTRACT TYPE</b>	
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse		Professional Service - Operating	
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse		Professional Service - Capital	
Community Business Development Partners, 8th Floor City Campus		Purchase of Service	
		Preliminary	Final
		X	
<b>DEPARTMENT NAME</b>		<b>AGENCY NO.</b>	<b>DEPARTMENT (HIGH) ORG</b>
Child Support Enforcement		243	2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>	<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>
18029		X		
<b>NAME OF VENDOR</b>		<b>ADDRESS</b>		
Milwaukee Area Workforce Investment Board		2338 North 27th Street		
		Milwaukee, WI 53210		
<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b>	<b>LENGTH OF CONTRACT (IN MONTHS)</b>	<b>AMENDMENT ONLY: DOLLAR CHANGE</b>	<b>TOTAL CONTRACT AMOUNT</b>
	begin date end date			
	09/30/15 09/29/20	60		\$460,690.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 23,034.50
2016	02	0001	243	2442			6149				\$ 92,138.00
2017	03	0001	243	2442			6149				\$ 92,138.00
2018	04	0001	243	2442			6149				\$ 92,138.00
2019	05	0001	243	2442			6149				\$ 92,138.00
2020	06	0001	243	2442			6149				\$ 69,103.50

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract fully executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

Mail to:

Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse

Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse  
Community Business Development Partners, 8th Floor City Campus**CONTRACT TYPE**

Professional Service - Operating

Professional Service - Capital

Purchase of Service

X

Preliminary

X

Final

DEPARTMENT NAME

AGENCY NO.

DEPARTMENT (HIGH) ORG

Child Support Enforcement

243

2430

**VENDOR INFORMATION**

VENDOR NO.

ORDER TYPE

NEW or

AMEND

CONTRACT NO.

94002

X

NAME OF VENDOR

ADDRESS

Milwaukee Fatherhood Initiative, Division of  
Housing Authority of the City of Milwaukee

809 N Broadway

PO Box 324

Milwaukee, WI 53201-3201

TAX I.D. NO.

EFFECTIVE DATES:

begin date

end date

LENGTH OF CONTRACT  
(IN MONTHS)AMENDMENT ONLY: DOLLAR  
CHANGETOTAL CONTRACT  
AMOUNT

09/30/15

09/29/20

60

\$375,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 18,750.00
2016	02	0001	243	2442			6149				\$ 75,000.00
2017	03	0001	243	2442			6149				\$ 75,000.00
2018	04	0001	243	2442			6149				\$ 75,000.00
2019	05	0001	243	2442			6149				\$ 75,000.00
2020	06	0001	243	2442			6149				\$ 56,250.00

**PURPOSE OF CONTRACT**

New Pathways to Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_

Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract **fully** executed prior to work being performed (all signatures received)?

☐ YES

☐ NO

Is Vendor a certified professional service DBE?

☐ YES

☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

Mail to:

Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse

Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse  
Community Business Development Partners, 8th Floor City Campus**CONTRACT TYPE**

Professional Service - Operating

Professional Service - Capital

Purchase of Service

X

Preliminary

X

Final

DEPARTMENT NAME

Child Support Enforcement

AGENCY NO.

243

DEPARTMENT (HIGH) ORG

2430

**VENDOR INFORMATION**

VENDOR NO.

72141

ORDER TYPE

NEW or

X

AMEND

CONTRACT NO.

NAME OF VENDOR

My Father's House Inc.

ADDRESS

7120 West Good Hope Road

Milwaukee, WI 53223

TAX I.D. NO.

EFFECTIVE DATES:

begin date

end date

LENGTH OF CONTRACT  
(IN MONTHS)

60

AMENDMENT ONLY: DOLLAR  
CHANGETOTAL CONTRACT  
AMOUNT

09/30/15

09/29/20

\$1,900,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 95,000.00
2016	02	0001	243	2442			6149				\$ 380,000.00
2017	03	0001	243	2442			6149				\$ 380,000.00
2018	04	0001	243	2442			6149				\$ 380,000.00
2019	05	0001	243	2442			6149				\$ 380,000.00
2020	06	0001	243	2442			6149				\$ 285,000.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_

Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract fully executed prior to work being performed (all signatures received)?

☐

YES

☐

NO

Is Vendor a certified professional service DBE?

☐

YES

☒

NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b> Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus		<b>CONTRACT TYPE</b> Professional Service - Operating Professional Service - Capital Purchase of Service <input checked="" type="checkbox"/>	
<b>DEPARTMENT NAME</b> Child Support Enforcement		Preliminary <input checked="" type="checkbox"/> Final <input type="checkbox"/> <b>AGENCY NO.</b> 243	<b>DEPARTMENT (HIGH) ORG</b> 2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>		<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>	
97390			X			
<b>NAME OF VENDOR</b>				<b>ADDRESS</b>		
Next Door Foundation				2545 N 29th ST		
				Milwaukee, WI 53210		
<b>TAX I.D. NO.</b>		<b>EFFECTIVE DATES:</b>		<b>LENGTH OF CONTRACT</b>	<b>AMENDMENT ONLY: DOLLAR</b>	<b>TOTAL CONTRACT</b>
		begin date	end date	(IN MONTHS)	CHANGE	AMOUNT
		09/30/15	09/29/20	60		\$500,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 25,000.00
2016	02	0001	243	2442			6149				\$ 100,000.00
2017	03	0001	243	2442			6149				\$ 100,000.00
2018	04	0001	243	2442			6149				\$ 100,000.00
2019	05	0001	243	2442			6149				\$ 100,000.00
2020	06	0001	243	2442			6149				\$ 75,000.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract **fully** executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b>		<b>CONTRACT TYPE</b>	
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse		Professional Service - Operating	
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse		Professional Service - Capital	
Community Business Development Partners, 8th Floor City Campus		Purchase of Service	
		Preliminary	Final
		X	
<b>DEPARTMENT NAME</b>		<b>AGENCY NO.</b>	<b>DEPARTMENT (HIGH) ORG</b>
Child Support Enforcement		243	2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>	<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>	
96624		X			
<b>NAME OF VENDOR</b>			<b>ADDRESS</b>		
Northcott Neighborhood House, Inc.			2460 North 6th ST		
			Milwaukee, WI 53212		
<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b>		<b>LENGTH OF CONTRACT</b>	<b>AMENDMENT ONLY: DOLLAR</b>	<b>TOTAL CONTRACT</b>
	begin date	end date	(IN MONTHS)	CHANGE	AMOUNT
	09/30/15	09/29/20	60		\$125,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 6,250.00
2016	02	0001	243	2442			6149				\$ 25,000.00
2017	03	0001	243	2442			6149				\$ 25,000.00
2018	04	0001	243	2442			6149				\$ 25,000.00
2019	05	0001	243	2442			6149				\$ 25,000.00
2020	06	0001	243	2442			6149				\$ 18,750.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract **fully** executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b>		<b>CONTRACT TYPE</b>	
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse		Professional Service - Operating	
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse		Professional Service - Capital	
Community Business Development Partners, 8th Floor City Campus		Purchase of Service	
		Preliminary	Final
		X	
<b>DEPARTMENT NAME</b>		<b>AGENCY NO.</b>	<b>DEPARTMENT (HIGH) ORG</b>
Child Support Enforcement		243	2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>	<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>
70372		X		
<b>NAME OF VENDOR</b>		<b>ADDRESS</b>		
Social Development Commission		4041 North Richards Street		
		Milwaukee, WI 53212		
<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b>	<b>LENGTH OF CONTRACT</b>	<b>AMENDMENT ONLY: DOLLAR</b>	<b>TOTAL CONTRACT</b>
	begin date end date	(IN MONTHS)	CHANGE	AMOUNT
	09/30/15 09/29/20	60		\$125,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 6,250.00
2016	02	0001	243	2442			6149				\$ 25,000.00
2017	03	0001	243	2442			6149				\$ 25,000.00
2018	04	0001	243	2442			6149				\$ 25,000.00
2019	05	0001	243	2442			6149				\$ 25,000.00
2020	06	0001	243	2442			6149				\$ 18,750.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract fully executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b>		<b>CONTRACT TYPE</b>	
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse		Professional Service - Operating	
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse		Professional Service - Capital	
Community Business Development Partners, 8th Floor City Campus		Purchase of Service	
		Preliminary	Final
		X	

<b>DEPARTMENT NAME</b>	<b>AGENCY NO.</b>	<b>DEPARTMENT (HIGH) ORG</b>
Child Support Enforcement	243	2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>	<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>
94164		X		

<b>NAME OF VENDOR</b>	<b>ADDRESS</b>
United Migrant Opportunity Services (Umos)	2701 S Chase Ave
	Milwaukee, WI 53207

<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b>	<b>LENGTH OF CONTRACT (IN MONTHS)</b>	<b>AMENDMENT ONLY: DOLLAR CHANGE</b>	<b>TOTAL CONTRACT AMOUNT</b>
	begin date      end date			
	09/30/15      09/29/20	60		\$425,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 21,250.00
2016	02	0001	243	2442			6149				\$ 85,000.00
2017	03	0001	243	2442			6149				\$ 85,000.00
2018	04	0001	243	2442			6149				\$ 85,000.00
2019	05	0001	243	2442			6149				\$ 85,000.00
2020	06	0001	243	2442			6149				\$ 63,750.00

**PURPOSE OF CONTRACT**

New Pathways to Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract fully executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b>		<b>CONTRACT TYPE</b>	
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse		Professional Service - Operating	
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse		Professional Service - Capital	
Community Business Development Partners, 8th Floor City Campus		Purchase of Service	
		Preliminary	Final
		X	
<b>DEPARTMENT NAME</b>		<b>DEPARTMENT (HIGH) ORG</b>	
Child Support Enforcement		243	2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>	<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>
08457		X		
<b>NAME OF VENDOR</b>		<b>ADDRESS</b>		
UW-Milwaukee		PO Box 413		
		Milwaukee, WI 53201-0413		
<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b>	<b>LENGTH OF CONTRACT</b>	<b>AMENDMENT ONLY: DOLLAR</b>	<b>TOTAL CONTRACT</b>
	begin date end date	(IN MONTHS)	CHANGE	AMOUNT
	09/30/15 09/29/20	60		\$458,239.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 24,091.00
2016	02	0001	243	2442			6149				\$ 93,835.50
2017	03	0001	243	2442			6149				\$ 86,250.00
2018	04	0001	243	2442			6149				\$ 86,250.00
2019	05	0001	243	2442			6149				\$ 90,468.75
2020	06	0001	243	2442			6149				\$ 77,343.75

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract **fully** executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b> <b>Preliminary:</b> Office of the Comptroller, Contract Signatures, Room 301 Courthouse <b>Final:</b> Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus		<b>CONTRACT TYPE</b> Professional Service - Operating Professional Service - Capital Purchase of Service <input checked="" type="checkbox"/> X Preliminary <input checked="" type="checkbox"/> X Final <input type="checkbox"/>	
<b>DEPARTMENT NAME</b> Child Support Enforcement		<b>AGENCY NO.</b> 243	<b>DEPARTMENT (HIGH) ORG</b> 2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b> 97072		<b>ORDER TYPE</b>	<b>NEW or</b> X	<b>AMEND</b>	<b>CONTRACT NO.</b>	
<b>NAME OF VENDOR</b> Wisconsin Community Services		<b>ADDRESS</b> 3732 W. Wisconsin Ave Milwaukee, WI 53208				
<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b> begin date 09/30/15 end date 09/29/20		<b>LENGTH OF CONTRACT (IN MONTHS)</b> 60	<b>AMENDMENT ONLY: DOLLAR CHANGE</b>		<b>TOTAL CONTRACT AMOUNT</b> \$125,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 6,250.00
2016	02	0001	243	2442			6149				\$ 25,000.00
2017	03	0001	243	2442			6149				\$ 25,000.00
2018	04	0001	243	2442			6149				\$ 25,000.00
2019	05	0001	243	2442			6149				\$ 25,000.00
2020	06	0001	243	2442			6149				\$ 18,750.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract fully executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

<b>Mail to:</b>		<b>CONTRACT TYPE</b>	
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse		Professional Service - Operating	
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse		Professional Service - Capital	
Community Business Development Partners, 8th Floor City Campus		Purchase of Service	
		Preliminary	Final
		X	
<b>DEPARTMENT NAME</b>		<b>AGENCY NO.</b>	<b>DEPARTMENT (HIGH) ORG</b>
Child Support Enforcement		243	2430

**VENDOR INFORMATION**

<b>VENDOR NO.</b>	<b>ORDER TYPE</b>	<b>NEW or</b>	<b>AMEND</b>	<b>CONTRACT NO.</b>	
72140		X			
<b>NAME OF VENDOR</b>			<b>ADDRESS</b>		
Wisconsin Regional Training Partnership			3841 W. Wisconsin Ave		
			Milwaukee, WI 53208		
<b>TAX I.D. NO.</b>	<b>EFFECTIVE DATES:</b>		<b>LENGTH OF CONTRACT</b>	<b>AMENDMENT ONLY: DOLLAR</b>	<b>TOTAL CONTRACT</b>
	begin date	end date	(IN MONTHS)	CHANGE	AMOUNT
	09/30/15	09/29/20	60		\$125,000.00

**ACCOUNTING INFORMATION**

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2015	01	0001	243	2442			6149				\$ 6,250.00
2016	02	0001	243	2442			6149				\$ 25,000.00
2017	03	0001	243	2442			6149				\$ 25,000.00
2018	04	0001	243	2442			6149				\$ 25,000.00
2019	05	0001	243	2442			6149				\$ 25,000.00
2020	06	0001	243	2442			6149				\$ 18,750.00

**PURPOSE OF CONTRACT**

New Pathways for Fathers and Families grant will provide vital job training, educational, and employment services to low income parents. This grant will enable the participants to be more active parents, work to support families and children, and fulfill their obligations of child support.

Was County Board approval received prior to contract execution or contract amendment or extension?

☐

If YES, give County Board File No. \_\_\_\_\_

Date Approved \_\_\_\_\_

☐

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract **fully** executed prior to work being performed (all signatures received)?

☐ YES ☐ NO

Is Vendor a certified professional service DBE?

☐ YES ☒ NO

Prepared By

Date

Title

Signature of County Administrator

Date

Director

Title



## COMMUNITY BUSINESS DEVELOPMENT PARTNERS

## MILWAUKEE COUNTY

Participation Recommendation

To be completed by project owner. Please, direct questions regarding this form to CDBP, 414-278-4851 or

cbdpcompliance@milwaukeecountywi.gov

## FUNDING SOURCE

\_\_\_ Local \_\_\_ State \_\_\_ Federal X Grant If Federally Funded, what percentage? 100%

Federal Source of Funds: \_\_\_ FAA \_\_\_ FTA \_\_\_ DOT (includes WisDOT) \_\_\_ Other: \_\_\_\_\_

## CONTACT INFORMATION

Contract Administrator: JeTaunne Richardson Phone: 278-5239 Date: November 3, 2015Email Address jetaunne.richardson@milwaukeecountywi.gov Fund: 001 Agency: 243 Org No. 2432

## PROJECT INFORMATION

Project Name: New Pathways for Fathers and Families Project No.: 90FK0093-01-00Contract Scope/Project Description (**attach scope/description of work or estimating sheet**):See contract

Contracting Opportunities (List NAICS codes): \_\_\_\_\_

RFP/BID will be used (Yes/No) No Advertising Date: \_\_\_\_\_ Bid/Proposal Due Date: \_\_\_\_\_

## TYPE OF PROJECT

Professional ServicesEstimated AmountRecommended Participation\$ 10 million over a five year period \_\_\_\_\_ %Construction RelatedEstimated AmountEstimated AllowanceRecommended Participation

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ %

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ %

## APPROVALS

Is county board approval required? Yes-Pending Resolution #: \_\_\_\_\_ (**attach resolution**)

## WAIVER REQUEST

**Request for a goal of 0% requires signature of department head, a full scope of project and explanation.**Explanation: To qualify for this grant, Child Support was required to obtain commitments for specific community-wide support services for the target population. For-profit business do not provide the breadth and depth of services required under the grant, for the resources provided by the grant.Jim Sullivan

Department/Division Administrator Name

DocuSigned by:

Jim Sullivan

6D4FD66843BE4E0...

Signature

11/4/2015

Date

## CDBP USE ONLY

Concur with Recommendation X \_\_\_\_\_, or provide the following goals: 0 \_\_\_\_\_ %This contract is exempt from a participation goal: X Yes X NoApproved: Rick Norris

DocuSigned by:

AD4C84D4023E450...

Date: 11/4/2015

*	NAICS	DESCRIPTION
	CODE	
	212319	Other Crushed & Broken Stone Mining & Quarrying
	212321	Construction Sand & Gravel Mining
	212322	Industrial Sand Mining
	236117	New Housing Operative Builders
	236118	Residential Remodelers
	236210	Industrial Building Construction
	236220	Commercial & Institutional Building Construction
	237110	Water & Sewer Line & Related Structures Construction
	237120	Oil & Gas Pipeline & Related Structures Construction
	237130	Power & Communication Line & Related Structures Construction
	237310	Highway, Street & Bridge Construction
	237990	Other Heavy & Civil Engineering Construction
	238110	Poured Concrete Foundation & Structure Contractors
	238120	Structural Steel and Precast Concrete Contractors
	238130	Framing Contractors
	238140	Masonry Contractors
	238150	Glass and Glazing Contractors
	238160	Roofing Contractors
	238170	Siding Contractors
	238190	Other Foundation, Structure & Building Exterior Contractors
	238210	Electrical Contractors & Other Wiring Installation Contractors
	238220	Plumbing, Heating & Air-Conditioning Contractors
	238290	Other Building Equipment Contractors
	238310	Drywall & Insulation Contractors
	238320	Painting and Wall Covering Contractors
	238330	Flooring Contractors
	238340	Tile & Terrazzo Contractors
	238350	Finish Carpentry Contractors
	238390	Other Building Finishing Contractors
	238910	Site Preparation Contractors
	238990	All Other Specialty Trade Contractors
	323114	Quick Printing
	323116	Manifold Business Forms Printing
	323117	Books Printing
	323119	Other Commercial Printing
	325998	All Other Miscellaneous Chemical Product & Preparation Manufacturing
	327215	Glass Product Manufacturing Made of Purchased Glass
	327320	Ready-Mix Concrete Manufacturing
	331210	Iron & Steel Pipe & Tube Manufacturing from Purchased Steel
	332116	Metal Stamping
	332311	Prefabricated Metal Building & Component Manufacturing
	332312	Fabricated Structural Metal Manufacturing
	332321	Metal Window & Door Manufacturing
	332322	Sheet Metal Work Manufacturing
	332323	Ornamental & Architectural Metal Work Manufacturing
	332510	Hardware Manufacturing
	423210	Furniture Merchant Wholesalers
	423310	Lumber, Plywood, Millwork & Wood Panel Merchant Wholesalers
	423320	Brick, Stone & Related Construction Material Merchant Wholesalers
	423330	Roofing, Siding & Insulation Material Merchant Wholesalers
	423390	Other Construction Material Merchant Wholesalers
	423510	Metal Service Centers & Other Metal Merchant Wholesalers
	423610	Electrical Apparatus & Equipment, Wiring Supplies & Related Equipment Merchant Wholesalers
	423690	Other Electronic Parts & Equipment Merchant Wholesalers
	423710	Hardware Merchant Wholesalers
	423720	Plumbing & Heating Equipment & Supplies (Hydronics) Merchant Wholesalers
	423730	Warm Air Heating & Air-Conditioning Equipment & Supplies Merchant Wholesalers

	423740	Refrigeration Equipment & Supplies Merchant Wholesalers
	423840	Industrial Supplies Merchant Wholesalers
	443120	Computer & Software Stores
	445299	All Other Specialty Food Stores
	453110	Florists
	453210	Office Supplies and Stationery Stores
	453998	All Other Miscellaneous Store Retailers (except Tobacco Stores)
	454210	Vending Machine Operators
	454390	All Other Direct Selling Establishments
	485991	Special Needs Transportation
	485999	All Other Transit & Ground Passenger Transportation
	488410	Motor Vehicle Towing
	492110	Couriers & Express Delivery Services
	492210	Local Messengers & Local Delivery
	493110	General Warehousing & Storage
	517110	Wired Telecommunications Carriers (except Satellite)
	523120	Security Brokers and Dealers
	523930	Investment Advice
	524210	Insurance Agents, Brokers and Service
	524291	Claims Adjusting
	524292	Third Party Administration of Insurance
	532490	Equipment Rental and Leasing, NEC
	541110	Office Administrative Services
	541211	Accounting, Auditing and Bookkeeping
	541213	Tax Return Preparation Services
	541219	Accounting Services/Other
	541310	Architectural Services
	541320	Landscape Architectural Services
	541330	Engineering Services
	541340	Drafting Services
	541360	Geophysical Surveying & Mapping Services
	541370	Surveying & Mapping (Except Geophysical) Services
	541380	Testing Laboratories
	541410	Interior Designs Services
	541420	Industrial Design Services
	541430	Commercial Art and Graphic Design / Graphic Design Services
	541511	Custom Computer Programming Services
	541512	Computer Systems Design Services
	541513	Computer Facilities Management Services
	541611	Management Consulting Services
	541613	Marketing Consulting Services
	541618	Other Management Consulting Services
	541620	Environmental Services
	541730	Landscape Services (lawn care, sod laying, seeding, installations, etc.)
	541810	Advertising Agencies
	541820	Public Relations Services
	541860	Direct Mail Advertising Services
	541910	Educational Research Commercial
	541922	Photographic Services
	541930	Translation and Interpretation Services
	561110	Legal Services
	561210	Facilities Support Services
	561320	Temporary Help Services
	561410	Computer Process/Data Preparation and Processing
	561439	Photocopying and Duplicating Services
	561440	Collection Services
	561510	Travel Agencies

DBE-12 (07/07/14) Previous Editions Obsolete

## Certificate Of Completion

Envelope Number: F8BC0B9BC49F4FAD9ACE1B1D29038ECD

Status: Completed

Subject: Please DocuSign this document: NEW DBE-12 Recommendation for New Pathways.pdf

Source Envelope:

Document Pages: 144

Signatures: 10

Envelope Originator:

Certificate Pages: 6

Initials: 1

Cheryl Berry

AutoNav: Enabled

901 N 9th St

Envelopeld Stamping: Enabled

Ste 301

Milwaukee, WI 53233

cheryl.berry@milwaukeecountywi.gov

IP Address: 204.194.251.5

## Record Tracking

Status: Original

Holder: Cheryl Berry

Location: DocuSign

11/2/2015 11:39:17 AM CT

cheryl.berry@milwaukeecountywi.gov

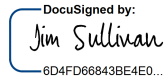
## Signer Events

Jim Sullivan

james.sullivan@milwaukeecountywi.gov

Security Level: Email, Account Authentication  
(None)

## Signature

DocuSigned by:  
  
 6D4FD66843BE4E0...

Using IP Address: 204.194.251.5

## Timestamp

Sent: 11/2/2015 2:22:17 PM CT

Viewed: 11/2/2015 4:55:31 PM CT

Signed: 11/2/2015 4:57:48 PM CT

Electronic Record and Signature Disclosure:

Accepted: 11/2/2015 4:55:31 PM CT

ID: e56f3aca-c273-4a19-ad39-2b29c6c4dbe5

Rick Norris

rick.norris@milwaukeecountywi.gov

CBDP Director

Milwaukee County

Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
 AD4C84D4023E450...

Using IP Address: 204.194.251.5

Sent: 11/2/2015 4:57:52 PM CT

Viewed: 11/3/2015 2:10:46 PM CT

Signed: 11/3/2015 2:15:12 PM CT

Electronic Record and Signature Disclosure:

Not Offered

ID:

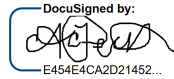
Amy Pechacek

amy.pechacek@milwaukeecountywi.gov

Director of Risk Management

Milwaukee County

Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
 E454E4CA2D21452...

Using IP Address: 204.194.251.5

Sent: 11/3/2015 2:15:17 PM CT

Viewed: 11/3/2015 2:50:58 PM CT

Signed: 11/3/2015 2:52:56 PM CT

Electronic Record and Signature Disclosure:

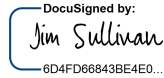
Accepted: 2/25/2014 12:36:39 PM CT

ID: 55fe780a-2930-46fa-8578-dc7e4fbad47c

Jim Sullivan

james.sullivan@milwaukeecountywi.gov

Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
 6D4FD66843BE4E0...

Using IP Address: 204.194.251.5

Sent: 11/3/2015 4:17:14 PM CT



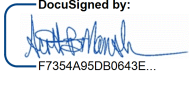

Viewed: 11/4/2015 2:01:36 PM CT

Signed: 11/4/2015 2:05:25 PM CT

Electronic Record and Signature Disclosure:

Accepted: 11/4/2015 2:01:36 PM CT

ID: 9669c6a1-c8fa-46d2-a70a-d96b7f417006

Signer Events	Signature	Timestamp
Rick Norris rick.norris@milwaukeecountywi.gov CBDP Director Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:	 <p>DocuSigned by: Rick Norris AD4C84D4023E450...</p> Using IP Address: 162.206.248.12	Sent: 11/4/2015 2:05:32 PM CT Viewed: 11/4/2015 3:24:12 PM CT Signed: 11/4/2015 3:26:12 PM CT
Mark A Grady corpcounselsignature@milwcnty.com Deputy Corporation Counsel Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:	 <p>DocuSigned by: Mark A Grady 2BE87A71B2AE4E5...</p> Using IP Address: 204.194.251.5	Sent: 11/4/2015 3:26:18 PM CT Viewed: 11/5/2015 8:24:38 AM CT Signed: 11/5/2015 8:35:12 AM CT
Scott B. Manske comptrollersignature@milwcnty.com Comptroller Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:	 <p>DocuSigned by: Scott B. Manske F7354A95DB0643E...</p> Using IP Address: 204.194.251.5	Sent: 11/5/2015 8:35:18 AM CT Viewed: 11/5/2015 12:38:32 PM CT Signed: 11/5/2015 1:53:27 PM CT
Cheryl Berry cheryl.berry@milwaukeecountywi.gov Executive Assistant - Child Support Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:	 <p>DS CB</p> Using IP Address: 204.194.251.3	Sent: 11/5/2015 1:53:33 PM CT Viewed: 11/5/2015 2:12:39 PM CT Signed: 11/5/2015 2:13:09 PM CT
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Notary Events		Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/5/2015 1:53:33 PM CT
Certified Delivered	Security Checked	11/5/2015 2:12:39 PM CT
Signing Complete	Security Checked	11/5/2015 2:13:09 PM CT
Completed	Security Checked	11/5/2015 2:13:09 PM CT

**Electronic Record and Signature Disclosure**

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To contact us by email send messages to: [plee@milwcnty.com](mailto:plee@milwcnty.com)

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To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [plee@milwcnty.com](mailto:plee@milwcnty.com) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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- ii. send us an e-mail to [plee@milwcnty.com](mailto:plee@milwcnty.com) and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> <li>• Allow per session cookies</li> <li>• Users accessing the internet behind a Proxy Server must enable HTTP</li> </ul>

	1.1 settings via proxy connection
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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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- Until or unless I notify Wisconsin Milwaukee County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Wisconsin Milwaukee County during the course of my relationship with you.

## Certificate Of Completion

Envelope Id: 6CA5A5CECB2C42018E652494372C2DDA	Status: Sent
Subject: Please DocuSign: Purchase of Service Amendment 1 New Pathways for Fathers and Families	
Source Envelope:	
Document Pages: 165	Signatures: 7
Certificate Pages: 6	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Cheryl Berry
Time Zone: (UTC-06:00) Central Time (US & Canada)	633 W. Wisconsin Ave.
	Suite 901
	Milwaukee, WI 53203
	cheryl.berry@milwaukeecountywi.gov
	IP Address: 204.194.251.3

## Record Tracking

Status: Original	Holder: Cheryl Berry	Location: DocuSign
10/29/2020 3:05:58 PM	cheryl.berry@milwaukeecountywi.gov	

## Signer Events

Signer Events	Signature	Timestamp
JOSEPH LAMERS		Sent: 10/29/2020 3:22:53 PM
Joseph.Lamers@milwaukeecountywi.gov	<i>JOSEPH LAMERS</i>	Viewed: 10/29/2020 3:47:38 PM
Budget Director		Signed: 10/29/2020 3:48:03 PM
Milwaukee County		
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
	Using IP Address: 204.194.251.5	

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Jim Sullivan		Sent: 10/29/2020 3:22:53 PM
James.Sullivan@milwaukeecountywi.gov	<i>Jim Sullivan</i>	Viewed: 10/29/2020 3:30:01 PM
Director - Child Support Services		Signed: 10/29/2020 3:30:30 PM
Milwaukee County		
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
	Using IP Address: 204.194.251.3	

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Lamont Robinson		Sent: 10/29/2020 3:48:06 PM
lamont.robinson@milwaukeecountywi.gov	<i>Lamont Robinson</i>	Viewed: 10/30/2020 7:43:58 AM
Director, CBPD		Signed: 10/30/2020 7:45:44 AM
Milwaukee County		
Signing Group: Community Business Development Partners	Signature Adoption: Pre-selected Style	
	Using IP Address: 174.192.149.248	




### Electronic Record and Signature Disclosure:

Accepted: 11/10/2020 8:51:26 AM  
ID: dc265ceb-40fe-4202-9fa2-02fb4d13cb77

David Farwell		Sent: 10/29/2020 3:48:07 PM
David.Farwell@milwaukeecountywi.gov	<i>David Farwell</i>	Viewed: 11/2/2020 9:09:57 AM
Assistant Corporation Counsel		Signed: 11/4/2020 11:01:07 AM
Milwaukee County		
Signing Group: Corporation Counsel	Signature Adoption: Pre-selected Style	
	Using IP Address: 204.194.251.3	
Security Level: Email, Account Authentication (None)		

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
<p>Scott Manske comptrollersignature@milwaukeecountywi.gov Comptroller Milwaukee County Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	 <p>Signature Adoption: Uploaded Signature Image Using IP Address: 204.194.251.3</p>	<p>Sent: 10/29/2020 3:48:08 PM Viewed: 10/30/2020 3:02:38 PM Signed: 10/30/2020 3:09:19 PM</p>
<p>Megan Rogers megan.rogers@milwaukeecountywi.gov Interim Director Milwaukee County Signing Group: Risk Management Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 11/15/2018 8:01:37 AM ID: b9a5cb95-855d-440c-886b-36b20bdadc17</p>	 <p>Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.5</p>	<p>Sent: 10/29/2020 3:48:08 PM Viewed: 11/4/2020 8:10:29 PM Signed: 11/10/2020 7:45:56 PM</p>
<p>County Executive David Crowley David.Crowley@milwaukeecountywi.gov Milwaukee County Executive Milwaukee County Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	 <p>Signature Adoption: Uploaded Signature Image Using IP Address: 204.194.251.3</p>	<p>Sent: 11/10/2020 7:46:00 PM Viewed: 11/11/2020 9:19:37 AM Signed: 11/11/2020 9:19:42 AM</p>
<p>Cheryl Berry cheryl.berry@milwaukeecountywi.gov Executive Assistant - Child Support Milwaukee County Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>		<p>Sent: 11/11/2020 9:19:46 AM</p>
<p>Corporation Counsel</p> <p>Signing Group: Corporation Counsel Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>		
<p>Darryl Davidson dadavid@milwaukee.gov Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Sandy Stevens  
sandra.stevens@milwaukeecountywi.gov  
Security Level: Email, Account Authentication (None)  
**Electronic Record and Signature Disclosure:**  
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	10/29/2020 3:22:53 PM
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Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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#### **Required hardware and software**

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"><li>• Allow per session cookies</li><li>• Users accessing the internet behind a Proxy Server must enable HTTP</li></ul>

	1.1 settings via proxy connection
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